## L16000052475

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	:#)
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## **COVER LETTER**

TO:	Registration So Division of Co			
CHDI	e Cere	EMS SPECIALISTS, LLC	Ç.	
SUBJI	ECI:	Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		P. Tod	d Kennedy	
			Name of Person	
		Kenned	ły & Kennedy, P.L.	
			Firm/Company	
		14 Sout	heast 4th Street, Suite 36	
			Address	
		Boca R	aton, FL 33432	
			City/State and Zip Code	
		•	opke@comcast.net to be used for future annual report no	difference of the second
For fur	ther information c	oncerning this matter, please co	•	inication)
	P. Todd Kennedy	,	561 683-2484	
	Name o	f Person		ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>□</b> \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee,  Certificate of Status &  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMS SPECIALIST, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000052475	were filed on 03/14/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	108 Dockside Circle	· · · · · · · · · · · · · · · · · · ·
	Weston, FL 33327	
Enter new mailing address, if applicable:	108 Dockside Circle	
(Mailing address MAY BE A POST OFFICE BOX)	Weston, FL 33327	
,		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
	, Florida	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Remove
		***************************************	Change
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			Remove
			Change
<u>.</u>			
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			□ Change
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			Change

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ective date, if other than the date of filing:	(optional)

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Filing Fee: \$25.00