

LIL 0000 56477

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN -5 AM 8:58

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: Health America LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy Price

Name of Person

SK Financial CPA LLC

Firm/Company

2210 Ashley Oaks Circle, Suite 101

Address

Wesley Chapel, FL 33544

City/State and Zip Code

Cindy@skfinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Price

813

322-3936

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

Health America LLC

The Articles of Organization for this Limited Liability Company were filed on 03/18/2016 and assigned Florida document number L16000056477.

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
P	William Curington	672 N Semoran Blvd, Suite 303	<input type="checkbox"/> Add
		Orlando, FL 32807	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William Curington	672 N Semoran Blvd, Suite 303	<input checked="" type="checkbox"/> Add
		Orlando, FL 32807	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hillary Weldon	672 N Semoran Blvd, Suite 303	<input checked="" type="checkbox"/> Add
		Orlando, FL 32807	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

18 JUN -5 AM 8:58
DEPT OF STATE FILING

E. Effective date, if other than the date of filing: 06/01/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 2nd, 2016



Signature of a member or authorized representative of a member

William Curington

Typed or printed name of signee