

L16000058208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

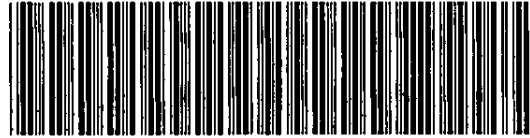
(Business Entity Name)

(Document Number)

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APR 15 2016
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTIMUM HEALTH HOLDINGS 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:

JAMES M. MURRAY, CPA

Name of Person

JAMES M. MURRAY, CPA

Firm/Company

PO BOX 297

Address

CALIFON, NJ 07830

City/State and Zip Code

OFFICE@CPAJMURRAY.COM

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

For further information concerning this matter, please call:

JAMES M. MURRAY

908

832-5273

Name of Person

at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OPTIMUM HEALTH HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/22/2016 and assigned
Florida document number L16000058208

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

JOHN BRASCH

New Registered Office Address:

5794 VAN CAMP STREET

Enter Florida street address

NORTH PORT

Florida

34291

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>
AMBR	MILFORD MANAGED SERVICES LLC	60 BRIDGE STREET	<input type="checkbox"/> Add
		MILFORD, NJ 08848	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CIERRA HARDEN	2920 LITHIA PINECREST RD	<input type="checkbox"/> Add
		UNIT D	<input checked="" type="checkbox"/> Remove
		VALRICO, FL 33596	<input type="checkbox"/> Change
AMBR	COMPLETE PHARMACY SERVICES LLC	34 BRIDGE STREET	<input checked="" type="checkbox"/> Add
		MILFORD, NJ 08848	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN BRASCH	5794 VAN CAMP STREET	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34291	<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

16 APR 14 PM 2:39

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

16 APR 14 PM 2:39

E. Effective date, if other than the date of filing: _____ (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 APRIL 10 2016

Signature of a member or authorized representative of a member

JOHN BRASCH - MANAGER

Typed or printed name of signee