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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	CT.	Global Words	Speech Therapy, LLC			
SUDJE		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please :	return all correspo	ndence concerning this matter	to the following:			
		Maria Bernab	e			
			Name of Person	P. C.		
			Firm/Company			
		1444 SE 19 Str	eet			
			Address			
		Cape Coral, FL 33990 City/State and Zip Code				
		bernabe.maria24	•			
		E-mail address: (t	o be used for future annual report notif	ication)		
For furt	her information co	oncerning this matter, please ca	dl:			
Ma	aria Bernabe		941 204-1285	·		
	Name of	Person	Area Code Daytime	e Telephone Number		
Enclose	ed is a check for th	e 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:

TO:

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

Global Words Speech Therapy, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) May 13, 2016 The Articles of Organization for this Limited Liability Company were filed on and assigned L16000094265 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Telehealth Specialists, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 23150 Fashion Drive Suite 238 Enter new principal offices address, if applicable: Estero, FL 33928 (Principal office address MUST BE A STREET ADDRESS) 23150 Fashion Drive Suite 238 Enter new mailing address, if applicable: Estero, FL 33928 (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: 23150 Fashion Drive Suite 238 New Registered Office Address: Enter Florida street address Florida ^{339**2**8 🗸} Estero City

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.

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ional) r filing.) Pursuant to 60 is date will not be lis	05.0207 (3)(b sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the earl	ier of:
Dated		
Maria Cernatel Signature of a member or authorized representative of a member		
Maria Bernabe		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00