

L160000105714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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02/27/17--01017--027 **52.50

03/21/17--01008--004 **7.50

2017 APR -5 P 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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n BRUCE
APR 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2017

PAUL ANDERSON
2130 CHERRY ST NE
ST. PETERSBURG, FL 33704

SUBJECT: FLORIDA ACLS CONSULTANTS LLC
Ref. Number: L16000105714

We have received your document for FLORIDA ACLS CONSULTANTS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 717A00065359

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2017

PAUL ANDERSON
2130 CHERRY ST NE
ST. PETERSBURG, FL 33704

SUBJECT: FLORIDA ACLS CONSULTANTS LLC
Ref. Number: L16000105714



RECEIVED
2017 MAR 21 AM 10:04
TALLAHASSEE, FLORIDA

We have received your document for FLORIDA ACLS CONSULTANTS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

8502456051

Letter Number: 317A00003879

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Florida ACLS Consultants 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 May 26th 2016 and assigned Florida document number L16000105714.

This amendment is submitted to amend the following:

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

Florida AHA Consultants LLC

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)

No Changes

PAUL ANDERSON

2130 Cherry St. NE

St. Petersburg FL 33704

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

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TALLAHASSEE, FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2017 APR -5 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 APR -5 PM 2:38

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(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

PAUL ANDERSON
Typed or printed name of signee

Typed or printed name of signee