

L16000106109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

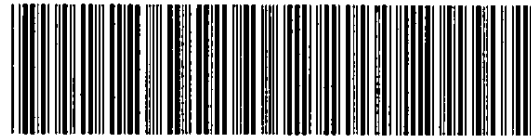
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

n BRUCE
JUN 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLATINUM CARE PLUS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSHUA BOCK

Name of Person

PLATINUM CARE PLUS, LLC

Firm Company

1489 W. PALMETTO PARK ROAD, SUITE 512

Address

BOCA RATON, FL 33486

City, State and Zip Code

JOSHBOCK71a@GMAIL.COM

E-mail address; do not use for future annual report notification

For further information concerning this matter, please call:

JOSHUA BOCK

561 703-3535

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PLATINUM CARE PLUS, 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 JUNE 1, 2016 and assigned Florida document number LL16000106109.

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)

1489 W. PALMETTO PARK ROAD

SUITE 512

BOCA RATON, FL 33486

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1489 W. PALMETTO PARK ROAD

SUITE 512

BOCA RATON, FL 33486

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

City

Florida

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>
MGR	PLATINUM CHOICE HEALTHCARE	6245 POWERLINE ROAD, SUITE 512	☐ Add
		FORT LAUDERDALE, FL 33309	☒ Remove
			☐ Change
MGR	JBT HEALTH ADVISORS, INC	6943 GIRALDA CIRCLE	☐ Add
		BOCA RATON, FL 33433	☒ Remove
			☐ Change
MGR	GREGG JAFFY	1489 W. PALMETTO PARK ROAD	☒ Add
		SUITE 512	☐ Remove
		BOCA RATON, FL 33489	☐ Change
MGR	JOSHUA BOCK	1489 W. PALMETTO PARK ROAD	☒ Add
		SUITE 512	☐ Remove
		BOCA RATON, FL 33489	☐ Change
			☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 STATE DEPT OF HEALTH
 TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

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 JUNE 13, 2017

Signature of a member or authorized representative of a member

JOSHUA BOCK

Typed or printed name of signee