

L16000135943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

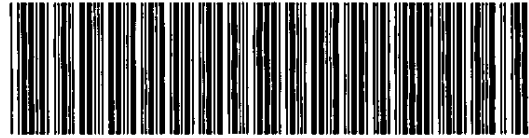
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100291978021

11/07/16--01003--028 **25.00

FILED
2016 NOV -7 P 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 08 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL HEALTH SERVICES FL, 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:

ELIZABETH BOWMAN
Name of Person

GLOBAL HEALTH SERVICES FL, LLC
Firm/Company

1612 NW 2ND AVE SUITE #9
Address

BOCA RATON, FL 33486
City/State and Zip Code

EBOWB31@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH BOWMAN at (561) 715-9133
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2018 NOV - 7 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

GLOBAL HEALTH SERVICES FL, 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 7-19-2016 and assigned Florida document number 616000135943.

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)

1612 NW 2ND AVE
BOCA RATON, FL 33486
#9

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

23366 BOCA CHICA CIRCLE
BOCA RATON, FL
33433

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:

ELIZABETH BOWMAN

New Registered Office Address:

23366 BOCA CHICA CIRCLE
Enter Florida street address

BOCA RATON

City

Florida

2016 NOV - 7 PM 3:37
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
Zip Code 33433

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.

Elizabeth Bowman

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>
MGR	ELIZABETH BOWMAN	23366 BOCA CHICA Circle	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33433	<input type="checkbox"/> Remove
		EBOW831@YAHOO.COM	<input type="checkbox"/> Change
MGR	TOMASSO, RONALD L	1499 W. PALMETTO PARK RD #103	<input type="checkbox"/> Add
		BOCA RATON, FL 33486	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 NOV - 7 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PRINCIPAL PLACE OF BUSINESS: DELETE 2030 W HUNTS RD #204

FORT LAUDERDALE, FL 33304

ADD

1612 NW 2ND AVE #9

BOCA RATON, FL 33486

FILED
2016 NOV - 7 P 4: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

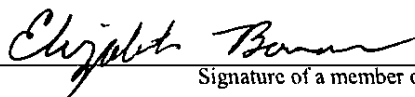
E. Effective date, if other than the date of filing: OCTOBER 24TH 2016 (optional)

(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 _____, _____.



Signature of a member or authorized representative of a member

ELIZABETH BOWMAN

Typed or printed name of signee