

L16000142009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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(Business Entity Name)

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03/07/16--01006--003 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT -3 A 9:52

FILED
2016 SEP -6 PM 12:59

S Warren

OCT 04 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

KRISTY TAYLOR
12230 DARTMOOR DR
WELLINGTON, FL 33414

SUBJECT: HEKA CONSULTING, LLC
Ref. Number: L16000142009

We have received your document for HEKA CONSULTING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 616A00019204

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heka Consulting
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:

Kristy Taylor
Name of Person
Heka Healthcare Consulting
Firm/Company
12230 DARTMOOR DRIVE
Address
Wellington, FL 33414
City/State and Zip Code
drkristyTaylor@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristy Taylor at (561) 907 6859
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

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

Heka Consulting, 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 29 Jul 16 and assigned Florida document number 216000142009

This amendment is submitted to amend the following:

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

✓ Heka Healthcare Consulting, 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:

same
(Principal office address MUST BE A STREET ADDRESS)

12230 DARTMOOR DR

Wellington, FL 33414

✓ Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A **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:

Kristy Taylor

*same
DID NOT
change*
New Registered Office Address:

12230 DARTMOOR DR

Enter Florida street address

Wellington
City

, Florida

33414
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.


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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2/16/21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED
 9:52

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated _____, _____

FILED
2018 OCT -3 A 9:52
CLERK OF STATE
TALLAHASSEE, FLORIDA