

LI6000208717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

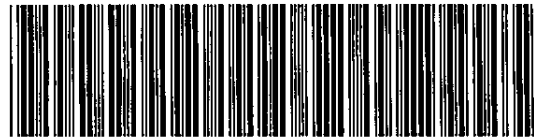
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DEC 16 2016

S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 15 PM 4:18

Name of Person

MY DIRECT HEALTHCARE, LLC

Firm/Company

500 GULFSTREAM BLVD STE 206

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

MYDIRECTHEALTHCARE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVAN KEEN

at (561) 853-7750

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 &
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☐ \$60.00 Filing Fee,
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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

(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 _____ 11/14/16 on

L16000208717

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:

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:

500 Gulfstream Blvd Ste 206 Delray Beach, FL 33483

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

500 Gulfstream Blvd Ste 206 Delray Beach, FL 33483

(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: _____

500 GULFSTREAM BLVD STE 206

Enter Florida street address

DELRAY BEACH, FL 33483

, 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

Page 1 of 3

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>
--------------	-------------	----------------	-----------------------

AMBR

ADAM TAYLOR LENNOX

500 GULFSTREAM BLVD DELRAY BEACH, FL 33483

☒ Add

☐ Remove

☐ Change

☐ Add

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☐ Change

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ALL CURRENT AUTHORIZED MEMBERS REMAIN ON THE LLC, WE ARE ONLY ADDING 1 NEW OFFICER

AND UPDATING THE OFFICE ADDRESS

16 DEC 15 PM 4: 18

IN THE
OFFICE OF THE
SECRETARY OF STATE
FALL ARIZONA

E. Effective date, if other than the date of filing: 12/12/16 (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 12/12, 2016.



Signature of a member or authorized representative of a member

EVAN KEEN

Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

16 DEC 15 PM 4:18

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ALABAMA
MONTGOMERY