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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER

JUN 18 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MedlyCare 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:

Shari Rosenberg
Name of Person
MedlyCare LLC
Firm/Company
7714 Massachusetts Ave
Address
New Port Richey, FL 34653
City/State and Zip Code
rosenberg@housecalltelemed.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shari Rosenberg	727	848-2273 ext 483
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**

MedlyCare 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 December 14, 2016 and assigned
Florida document number L16000226331.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS
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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:

Shari Helene Rosenberg

New Registered Office Address:

7700 Massachusetts Ave

Enter Florida street address

New Port Richey

City

Florida 34653-3024

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

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	Noor A Khan	6916 W Linebaugh Ave Ste 101	<input type="checkbox"/> Add
		Tampa, FL 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Dr Abu Khan	6916 W Linebaugh Ave Ste 101	<input type="checkbox"/> Add
		Tampa, FL 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Dr Nazeer H Khan	6916 W Linebaugh Ave Ste 101	<input type="checkbox"/> Add
		Tampa, FL 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Dr Safia H Khan	6916 W Linebaugh Ave Se 101	<input type="checkbox"/> Add
		Tampa, FL 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Sabiha Khan	6916 W Linebaugh Ave Ste 10	<input type="checkbox"/> Add
		Tampa, FL 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Sabiha Khan		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECRETARY OF STATE
DIVISION OF INFORMATION

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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.

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

Dated _____, _____

[Signature]
Signature of a member

Signature of a member or authorized representative of a member

Dr Haider A Khan

Typed or printed name of signee