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M. MILLIGAN JAN 20 2017

## **COVER LETTER**

TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation Corporation Corp		
SUBJECT:	DANNEL MEDICAL CONSULTING LLC	
	Name of Limited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Danara T. Nebon	
	Name of Person	
	DANNEL MEDICAL CONSULTING LLC	
	Firm/Company	
	912 W BRANCH STREET	
	LANTANA, FL 33462	
	City/State and Zip Code  DANARA NELSON @ BELLSOUTH. NET  E-mail address: (to be used for future annual report notification)	
For further information con	cerning this matter, please call:	
Dan a	erson at (501) 003-5032  Area Code Daytime Telephone Number	
Enclosed is a check for the \$25.00 Filing Fee	El\$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status	&
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)

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

DANNEL MEDIC	CAL CONSULTING LLC	
. (Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number 1000228244	opany were filed on $\frac{12/19/16}{9}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	· Daniel Hermannian and American	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
·		
	, 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

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 = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Danara T. Nelson	912 W BRANCH STREET	Add
		912 W BRANCH STREET LANTANA, FL 33462	Remove
·			[E]Add
			Remove
			Change
<del></del>			<b>!!</b> Add
			Remove
			Change
<del></del>			IIAdd
			Remove
			[I]Change
<del></del>	· · · · · · · · · · · · · · · · · · ·		WAdd
			ERemove
			Change
***************************************			[i]Add
			Remove
			Change

this amondment is to add Among T Noten
This amendment is to add Danara T. Nelson (current registered agent) as the OWNER/Manager
This amendment is to add Danara T. Nelson (current registered agent) as the OWNER/Manager OF DANNEL MEDICAL CONSULTING LLC.
E. Effective date, if other than the date of filing: 101/2017 (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 of authorized representative of a member
DANARA T. NELSON
Typed or printed name of signee $\infty$
Page 3 of 3
Filing Fee: \$25.00

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