

L17000029006

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(City/State/Zip/Phone #)

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FILED
2017 OCT -2 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
OCT -3 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Med Liance Health LLC 1349
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

Caleb Bradshaw Bowen
Name of Person

Firm/Company

1660 ORA Dr
Address

Pensacola, FL 32506
City/State and Zip Code

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

For further information concerning this matter, please call

Caleb Bradshaw Bowen 904 761-0247
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

Med Liance Health LLC 1349

(Name of the Limited Liability Company as it now appears on our records,
if a Florida Limited Liability Company)

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2017 OCT -2 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2017-03-10 and assigned
Florida document number L17000029006

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)

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:

Enter Florida street address

_____, 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

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	Caleb Bowen	1660 ORA Dr, Pensacola, FL 32506	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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2011 OCT -2 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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2011
SECRETARY OF
TALLAHASSEE, FLORIDA

FILED
2017 OCT -2 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

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

Dated 9 29 2007 , _____


Signature of a member or authorized representative of a member

James Ross Allen
Typed or printed name of signee