

L17000030026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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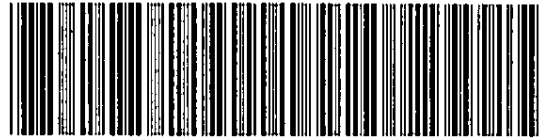
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J.
8/21/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2017

SCOTT BOCKLUND
GLOBAL IMPACT COMPANIES VENTURES LLC
P.O. BOX 87
BRADENTON, FL 34206

SUBJECT: GLOBAL IMPACT HEALTH LLC
Ref. Number: L17000030026

We have received your document for GLOBAL IMPACT HEALTH LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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: 817A00015333

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

GLOBAL IMPACT HEALTH 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 FEBRUARY 7, 2017 and assigned
Florida document number L17000030026.

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)

1003 8TH AVENUE WEST

BRADENTON, FL 34205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 87

BRADENTON, FL 34206

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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:

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>
MGR	EMF SOULTIONS LLC		<input type="checkbox"/> Add
		3717 70TH AVENUE E	<input checked="" type="checkbox"/> Remove
		ELLENTON, FL 34222	<input type="checkbox"/> Change
VP	ROBYN FISCHER		<input type="checkbox"/> Add
		3717 70TH AVENUE E	<input checked="" type="checkbox"/> Remove
		ELLENTON, FL 34222	<input type="checkbox"/> Change
MGR	PROACTIVE GLOBAL HEALTHCARE LLC	8388 S TAMiami Trl	<input checked="" type="checkbox"/> Add
		#300	<input type="checkbox"/> Remove
		SARASOTA, FL 34231	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated JULY 21, 2017

Scott M. Wilson

Signature of a member or authorized representative of a member

SCOTT BOCKLUND

Typed or printed name of signee