

L170000 446660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

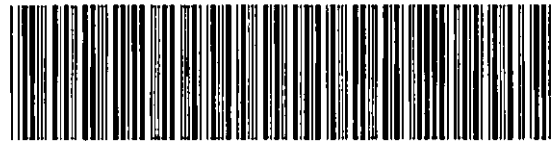
(Business Entity Name)

(Document Number)

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S TALLENT

MAR 03 2020

2020 MAR -2 AM 9:33

Answer
N/C



2020 MAR -2 PM 6:50

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2020

MELISSA OWEN NORRIS
CREDENTIALING CONSULTANTS OF CENTRAL FLO
1809 E BROADWAY STREET, SUITE 147
OVIEDO, FL 32765

SUBJECT: CREDENTIALING CONSULTANTS OF CENTRAL FLORIDA, LLC
Ref. Number: L17000044660

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE REVIEW ITEM A., AS IT MAY HAVE BEEN POTENTIALLY MISSPELLED. PLEASE RESUBMIT.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 820A00003279

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CREDENTIALING CONSULTANTS OF CENTRAL FL. 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:

MELISSA OWEN NORRIS

Name of Person

Credentialing
~~CREDENTIALING~~ CONSULTANTS OF CFL

Firm/Company

1809 E BRAODWAY STREET, SUITE 147

Address

OVIDO, FL 32765

City/State and Zip Code

MELISSA@CREDENTIALINGCONSULTANTS.COM

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

For further information concerning this matter, please call:

MELISSA OWEN NORRIS

407

462-1907

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CREDENTIALING CONSULTANTS OF CENTRAL FLORIDA, 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 02/24/2017 and assigned
Florida document number L17000044660.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CREDENTIALING CONSULTANTS OF FLORIDA, LLC

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 ALABASTER COVE

SANFORD, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1809 E BROADWAY STREET, SUITE 147

OVIDO, FL 32765

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:

1003 ALABASTER COVE

Enter Florida street address

SANFORD

City

Florida 32771

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

[illegible]

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

AMMENDMENTS APPLY TO ENTITY NAME AND MGR ADDRESS ONLY.

LIPIZZAN TERRACE ADDRESS SHOULD BE DISCONTINUED

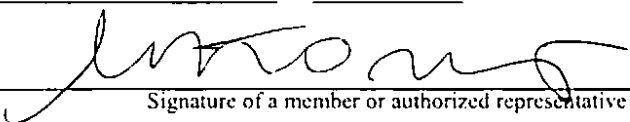
E. Effective date, if other than the date of filing: 12/12/2019 **(optional)**

(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 12/12/2019



Signature of a member or authorized representative of a member

MELISSA OWEN NORRIS

Typed or printed name of signee

Filing Fee: \$25.00