## L17000050706

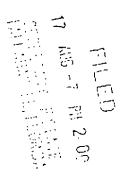
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## **COVER LETTER**

- O: Registration Section Division of Corporations		
UBJECT: ACCE HEALTHCAR Name of Limites	E LINK, LLC Hiability Company	
The enclosed Articles of Amendment and fee(s) are submit the submit of the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and fee(s) are submit to the enclosed Articles of Amendment and Articles of Amendment and Articles of Amendment and Articles of Amendment and Am		
- VINCENT	Name of Person	<del></del>
ACCESS	HEALTH CARE LINK,	<u> LiC</u>
4102 HERITAS	GE LAKE COURT	<u>T</u>
Vinikki @	33558 City/State and Zip Code  Compose used for future annual report notification)	
or further information concerning this matter, please call:		
Name of Person	at ( <u>\$1</u> 3_) <u>948-39</u> Area Cook Daytine Telepho	1 <del>L</del> one Number
nclosed is a check for the following amount:  \$\text{\$\sum{\text{\$\sin{\text{\$\sum{\text{\$\sum{\text{\$\sum{\text{\$\sin{\tin{\sin{\text{\$\sin{\texitil{\$\sin{\sin{\sin{\texitil{\$\sin{\sin{\sin{\sin{\sin{\sin{\sin{\sin{	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER AD	0RESS: 25 - 25

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

603

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

<del></del>	Citv	, Florida	Zip Code
	Enter Florida si	treet address	
New Registered Office Address:			
Name of New Registered Agent:			
		1	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r records, enter t	he name of the new
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
		1	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new principal offices address, if applicable:			
	ity Company," the design	nation "LLC" or the annu	eviation E.E.C.
ACCESS ENTERPRISE The new name must be distinguishable and contain the words "Limited Liability"	LINKS,	LLC'	eviction "L.F.C."
A. If amending name, enter the new name of the limited liabi	lity company here:	•	
This amendment is submitted to amend the following:		!	
Florida document number <u>L 17000050706</u> .		· 1	
The Articles of Organization for this Limited Liability Company	were filed on <u>03</u>	<u>/03/2:017</u>	and assigned
ACCESS HEALTHCAR Name of the Limited Liability Compa (A Florida Limited I	ny a <u>y it now inpegirs on</u> Jability Company)	our records.	
A ESS HEALTHCAR	E - LIVIK		

## Nev

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

"amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

IGR = M $MBR = A$	lanager .uthorized Member		
itle	<u>Name</u>	Address	Type of Action
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Effective date, if other than fun effective date is listed, the dat	the date of filing:		(opt	ional)
f on effective date is listed, the dat Note: If the date inserted in the	e must be specific and cannot its block does not meet t	ot be prior to date of filin he applicable statutory	g or more than 90 days after filing requirements, the	er filing.) Pursoant to 605.05 is date will not be listed
document's effective date on t			3 .	
e record specifies a del	ayed effective date.	but not an effect	ive time, at 12:01	a.m. on the earlier
The 90th day after the	record is med.			i
S . 1				
Dated	·	•		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
1	Vince	<del></del>		F. 7 F.3
	Signature of a memb	er or authorized represer	tative of a member	
l				T 7:

Page 3 of 3

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