

L17 0000 97323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

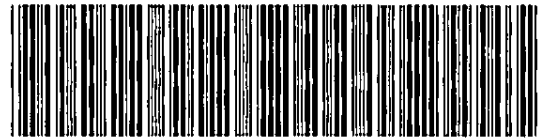
(Business Entity Name)

(Document Number)

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10/04/21--0104A--019 **25.00

10/12/2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TELEHEALTH OPTIONS, LLC

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:

Farooq Haque

Name of Person

TELEHEALTH OPTIONS, LLC

Firm/Company

640 Dartmouth St

Address

Orlando, FL 32804

City, State and Zip Code

haqk@telehealthoptions.com

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

For further information concerning this matter, please call:

Christopher Flack

561

512-3474

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**

TELEHEALTH OPTIONS, 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 05/02/2017 and assigned Florida document number 117000097323.

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	Farooq Haque	2209 Florida Blvd	<input type="checkbox"/> Add
		Delray Beach, FL 33483	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Christopher Flack	921 SW 35th Ave	<input type="checkbox"/> Add
		Boynton Beach, FL 33435	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Sean K. Born	921 SW 35th Ave	<input type="checkbox"/> Add
		Boynton Beach, FL 33435	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Hays Ginn	4025 Lake Rosse View Dr	<input type="checkbox"/> Add
		Orlando, FL 32810	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kevin Joyce	640 Dartmouth St	<input type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	Barbara Schreihman	2645 Executive Park Drive	<input type="checkbox"/> Add
		Weston, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Typed or printed name of signee