

L17000106157

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2017 MAY 22 AM 10:43  
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D. SCOTT

MAY 23 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 651664 7986366

AUTHORIZATION

COST LIMIT

\$ 25.00

ORDER DATE : May 19, 2017

ORDER TIME : 9:56 AM

ORDER NO. : 651664-005

CUSTOMER NO: 7986366

DOMESTIC AMENDMENT FILING

NAME: ABS HEALTHCARE SERVICES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_

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

ABS HEALTHCARE SERVICES, 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 05/12/2017 and assigned  
Florida document number L17000106157.

This amendment is submitted to amend the following:

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

ABS HEALTHCARE SERVICES, 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)

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

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RECORDS

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	ARNOLD COHEN	1002 E NEWPORT CENTER DR	<input type="checkbox"/> Add
		STE 200	<input type="checkbox"/> Remove
		DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change
MGR	BRADLEY COHEN	1002 E NEWPORT CENTER DR	<input type="checkbox"/> Add
		STE 200	<input type="checkbox"/> Remove
		DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change
MGR	SETH COHEN	1002 E NEWPORT CENTER DR	<input type="checkbox"/> Add
		STE 200	<input type="checkbox"/> Remove
		DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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 May 19, 2017

SETH COHEN

Typed or printed name of signee

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