

L17000113186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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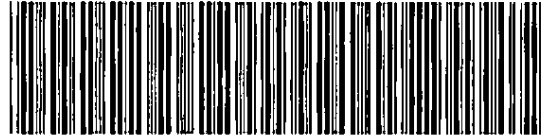
(Business Entity Name)

(Document Number)

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JUN 25 2019

T GLASS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AZURE MEDICAL SERVICES 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:

TIMOTHY J. OXENFORD

Name of Person

AZURE MEDICAL SERVICES LLC

Firm/Company

1590 FREDERICK SMALL ROAD

Address

JUPITER, FL 33458

City/State and Zip Code

toxenford@gmail.com

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

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For further information concerning this matter, please call:

TIMOTHY J. OXENFORD at (972) 841-6525
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

AZURE MEDICAL 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 MAY 22, 2017 and assigned
Florida document number L17000113186.

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)

TIMOTHY J. OXENFORD

1590 FREDERICK SMALL ROAD

JUPITER, FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1590 FREDERICK SMALL ROAD

JUPITER, FL 33458

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:

TIMOTHY J. OXENFORD

New Registered Office Address:

1590 FREDERICK SMALL ROAD

Enter Florida street address

JUPITER

City

Florida 33458

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.


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>
M	TIMOTHY J. OXENFORD	1590 FREDERICK SMALL ROAD	<input checked="" type="checkbox"/> Add
		JUPITER, FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
M	JOHN W. BOYER	3300 PGA BLVD SUITE 625	<input type="checkbox"/> Add
		PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
JULIA A. GIBSON

2019 JUN 10 PM 1:55
STATION 310

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AND
FILED

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 6/6/2019.

X.T.O.

Signature of a member or authorized representative of a member

TIMOTHY J. OXENFORD

Typed or printed name of signee