

217 000 147 872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

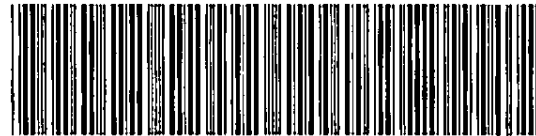
(Business Entity Name)

(Document Number)

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2017 OCT 25 PM 2:40
CLERK OF COURT
JANET HARRIS

K SALY
OCT 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHCARE EXPERIENCE FOUNDATION, 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:

KATIE OWENS

Name of Person

HEALTHCARE EXPERIENCE FOUNDATION, LLC

Firm/Company

707 E CERVANTES ST, STE B193

Address

PENSACOLA, FL 32501

City/State and Zip Code

katie@healthcareexperience.org

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

For further information concerning this matter, please call:

KATIE OWENS

850 529-5703

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

HEALTHCARE EXPERIENCE FOUNDATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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JULY 1, 2017

The Articles of Organization for this Limited Liability Company were filed on JULY 1, 2017 and assigned
Florida document number L17000147872

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)

707 E CERVANTES ST. STE B193

PENSACOLA, FL 32501

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:

ABACUS ACCOUNTING & BUSINESS SERVICES

New Registered Office Address:

600 UNIVERSITY OFFICE BLVD, STE 17C

Enter Florida street address

L16000059235

PENSACOLA

Florida 32504

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.

Christina E. MacNeil

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>
MGR	LEIGH ANN BRADLEY	707 E CERVANTES ST, ST B193	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32501	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KATIE OWENS	1275 LATHLEEN DR	<input checked="" type="checkbox"/> Add
		GULF BREEZE, FL 32563	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 APR 25 PM 2:40
OFFICE OF THE
CLERK OF THE
SCHOOL BOARD

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

FEIN IS 82-7226327

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CLERK OF SUPERIOR COURT
JULIA A. HARRIS

E. Effective date, if other than the date of filing: _____ (optional)

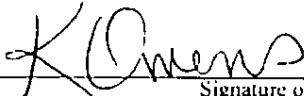
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 10/6 2017



Signature of a member or authorized representative of a member

KATIE OWENS

Typed or printed name of signee