

L17000163903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

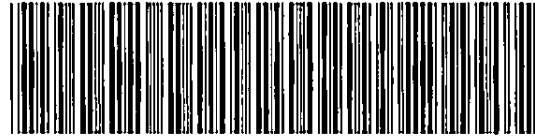
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800304905958

800304905958
10/21/17--01021--005 **25.00

17 DEC - 8 AM 8:49

DEC 07 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2017

JUSTIN TINKER
40 BRADLEY DR
RICHMOND HILL, GA 31324

SUBJECT: APEX HEALTH LLC
Ref. Number: L17000163903

2017 DEC -6 PM 1:05
TALLAHASSEE, FLORIDA

We have received your document for APEX HEALTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 417A00022229

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

Apex Health 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 8/1/17 and assigned Florida document number L17000163903.

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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.

N/A

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

Title	Name	Address	Type of Action
MGR	Justin T Tinker	12627 San Jose Blvd #305	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alana N Tinker	12627 San Jose Blvd #305	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32223	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	Greg Hammonds	115 Westridge Ind. Blvd	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Mc Donough, GA 30253	<input type="checkbox"/> Change
AR	W Haley, Hammonds Tomasetto PC	115 Westridge Ind. Blvd	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		McDonough, GA 30253	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

6428 HWY 9 - J
47

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

N/A

27 OCT - 5 AM '8:49

E. Effective date, if other than the date of filing: N/A (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 October 26, 2017

Alana Tinker

Signature of a member or authorized representative of a member

Alana N Tinker

Typed or printed name of signee