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COVER LETTER

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SUBJECT:	MEDICABIS	, LLC		
		Name of Limi	ted Liability Company	
The enclosed	i Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	dence concerning this matter t	o the following:	
		Jeffrey M. Brandner		
	BJECT: MEDICABIS, LLC			
			Firm/Company	·· <u>·</u>
		13760 Reptron Blvd.		
			Address	
		Tampa, FL 33626		
			City/State and Zip Code	
		Jeffreymb74@gmail.com		
		E-mail address: (to	o be used for future annual report notificat	tion)
For further in	nformation cor	ncerning this matter, please ca	11:	
Jeffrey M. B	randner		813 407-0541	
	Name of I	Person	Area Code Daytime Te	elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	□ \$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

MEDICABIS, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our r</mark> Liability Company)	ecords.)	
The Articles of Organization for this Limited I Florida document number	Liability Company	were filed on	7	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
NEXGEN HEALTH SOLUTIONS, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		13760 Reptron Blvd.		
(Principal office address MUST BE A STRE	ET ADDRESS)	Tampa, FL 33626		20 TAL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of ffice address her	<u>e</u> :	cords, <u>ent</u>	MAPR 25 PH 2: 4
Name of New Registered Agent:	Jeffrey M. Brar	ndner	······································	
New Registered Office Address: 13760 Reptron Blvd.				
The Articles of Organization for this Limite Elorida document number L17000181642 This amendment is submitted to amend the A. If amending name, enter the new name NEXGEN HEALTH SOLUTIONS, LLC The new name must be distinguishable and contain Enter new principal offices address, if applicable (Principal office address MUST BE A STATE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) B. If amending the registered agent registered agent and/or the new registered Name of New Registered Agent:		Enter Florida street a	ıddress	
	Tampa		_, Florida _	33626
		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.

Jeblas M Branchen

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>	Address	Type of Action
MGR	Jeffrey M. Brandner	13760 Reptron Blvd.	Add
			□ Remove
		Tampa, FL 33626	Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Add
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			□ Remove
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			Add
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			☐ Change

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ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block	does not meet the	applicable stat	f filing or more that utory filing requ	(optiona in 90 days after fili iirements, this da	i l) ng.) Pursuan ite will not	nt to 605.0 be listed
ocument's effective date on the Department	irtment of State's re	cords.				
e record specifies a delayed e The 90th day after the recor		ut not an ef	fective time,	at 12:01 a.m	ı. on the	earlier
ated	, 2018	·				
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