

L17000240650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

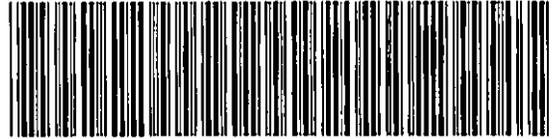
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 23 PM 2:21

N COOPER

AUG 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMES HODGE ACNP 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:

JAMES E HODGE III
Name of Person
JAMES HODGE ACNP LLC
Firm/Company
1701 WEST WETHERBEE RD
Address
ORLANDO FL 32837
City/State and Zip Code
JAMES.HODGE1@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES HODGE 410 608-5376
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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**

JAMES HODGE ACNP 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 11/21/17 and assigned Florida document number L17000240650.

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)

2609 AMATI DR
KISSIMMEE FL 34741

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2609 AMATI DR
KISSIMMEE FL 34741

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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:

2609 AMATI DR

Enter Florida street address

KISSIMMEE

City

Florida 34741

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

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	JAMES E HODGE III		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2609 AMATI DR KISSIMMEE FL 34741	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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DIVISION OF CORPORATION

08/17/2018

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 AUGUST 17/ 2018

James E. Hodge
Signature of a member or authorized representative of a member

JAMES E HODGE III

Typed or printed name of signee



NEW CORPORATION

Accounting & More™

DATE: 8/17/18

CORPORATION NAME: James Hodge ACNP

EFFECTIVE DATE: 8/17/18 STOCK SHARE: _____

BUSINESS ADDRESS: 2609 Amati Dr
Kissimmee FL 34741

MAILING ADDRESS: Same

TELEPHONE NUMBER: 4106085376

OFFICERS / DIRECTORS / PRESIDENT / MBR

NAME: James Hodge

ADDRESS: Same

SS# 255330142 TITLE: Owner

NAME: _____

ADDRESS: _____

SS# _____ TITLE: _____

WHAT DOES THIS BUSINESS DO: Provide Medical services to Hospitals

CORPORATION: C S LLC (PARTNERSHIP)

I AGREE THAT THE ABOVE INFORMATION IS CORRECT.

James E. Hodge
SIGNATURE - PRESIDENT