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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 26 PM 7:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH PRO CONSULTING, 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:

RONN Schuman

Name of Person

HEALTH PRO CONSULTING, LLC

Firm/Company

2271 SW WATERVIEW PL

Address

PAIM CITY, FL 34990

City/State and Zip Code

RONN_S@COMCAST.NET

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

For further information concerning this matter, please call:

RONN Schuman

Name of Person

at (772)

Area Code

486-0308

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**

HEALTH PRO CONSULTING, 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 11/18/18 and assigned
Florida document number L1800016624

This amendment is submitted to amend the following:

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

NA

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)

NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 26 PM 7:41

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:

NA

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.

NA

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	Ronn Schuman	P.O. Box 2478	<input type="checkbox"/> Add
		Palm City FL 34991	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

change RONN Schuman FROM AP
TO MGR - MANAGER

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18 JAN 26 PM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 1/23/18

Signature of a member or authorized representative of a member

RONN Schuman

Typed or printed name of signer

State of Florida

Department of State

I certify from the records of this office that HEALTH PRO CONSULTING, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on January 18, 2018, effective January 15, 2018.

The document number of this company is L18000016624.

I further certify that said company has paid all fees due this office through December 31, 2018, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 180122082918-200308055902#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty Second day of January, 2018



Ken Detzner
Ken Detzner
Secretary of State

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AP
RONN SCHUMAN
2271 WATERVIEW PL
PALM CITY, FL. 34990 00

L18000016624
FILED 8:00 AM
January 18, 2018
Sec. Of State
ccave

Article V

The effective date for this Limited Liability Company shall be:

01/15/2018

Signature of member or an authorized representative

Electronic Signature: RONNSCHUMAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000016624
FILED 8:00 AM
January 18, 2018
Sec. Of State
ccave

Article I

The name of the Limited Liability Company is:
HEALTH PRO CONSULTING, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1257 SW MARTIN HWY
#2478
PALM CITY, FL. 00 34991

The mailing address of the Limited Liability Company is:

PO BOX 2478
PALM CITY, FL. 00 34991

Article III

The name and Florida street address of the registered agent is:

KATZ & ASSOCIATES
49 SW FLAGLER AVE
#302
STUART, FL. 34994

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: RONNSCHUMAN