

L18000059044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

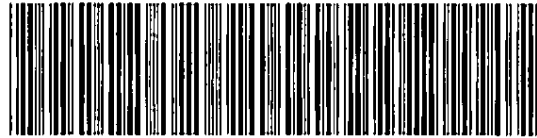
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAR 18 P 1:09

FILED

APR 02 2019

T. LEMIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VOC MEDICAL 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:

HUNTER ALEXANDER COOK

Name of Person

VOC MEDICAL LLC

Firm/Company

200 S INDIAN RIVER DR STE 301

Address

FORT PIERCE, FL 34950

City/State and Zip Code

HUNTER.COOK@VOCMEDICAL.COM

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

For further information concerning this matter, please call:

HUNTER ALEXANDER COOK

919 727-0277

at ()

Name of Person

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

RECEIVED

MAR 18 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2019

HUNTER A COOK
200 S INDIAN RIVER DR STE 301
FT PIERCE, FL 34950

SUBJECT: VOC MEDICAL LLC
Ref. Number: L18000059044

We have received your document for VOC MEDICAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a LLC the document you sent in is for a Corporation.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 919A00002535

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

VOC MEDICAL LLC

(Name of the Limited Liability Company as it now appears on our records.) 1: 89
(A Florida Limited Liability Company)

SECRETARY OF STATE
JAN 03/06/2018
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L18000059044.

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) _____

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:

HUNTER ALEXANDER COOK

New Registered Office Address:

200 S INDIAN RIVER DR

Enter Florida street address

FORT PIERCE, FL

Florida 34950

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.



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>
P	TACHE GABRIEL GEORGESCU	27884 VIA MAGDALENA	<input type="checkbox"/> Add
		LAGUNA NIGUEL,CA	<input checked="" type="checkbox"/> Remove
		92677-7371	<input type="checkbox"/> Change
P	HUNTER ALEXANDER COOK	656 LAKE HILL RD	<input checked="" type="checkbox"/> Add
		MANCHESTER,TN 37355	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee