

118000062860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

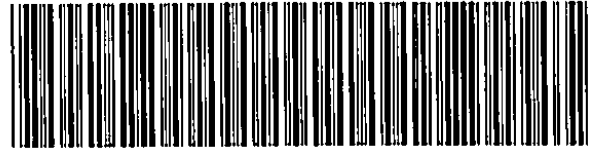
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

OCT 15 2018

2018 OCT 15 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FL

OCT 23 2018

S. PRATHER



To: Divisions of Corporations / State of Florida

Fr: Sovant, LLC

Re: Name change

Date: October 11, 2018

To whom it may concern,

I am writing to submit a formal request for a name change from Sovant, LLC (Document number L18000062860) filed on 3/09/2018. I would like to change the Name of Sovant, LLC to Sovant Healthcare Systems. You can reach me at any time at:

561-951-9847 which is my daytime number

Return address is

1301 S. Federal Highway #2

Lake Worth, Florida 33460

A check is enclosed (# 660 for \$55.00. Cost of Filing Fee and certified copy)

Sincerely,

A handwritten signature in black ink, appearing to read "Scott T. Collins", written over a horizontal line.

Scott T. Collins

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sovant, 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:

Scott Collins

Name of Person

Sovant, LLC

Firm/Company

1301 S. Federal Highway #2

Address

Lake Worth, Florida 33460

City/State and Zip Code

scottie@mysovant.com

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

For further information concerning this matter, please call:

Scott Collins

561

951-9847

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

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

Sovant, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/09/2018 and assigned
Florida document number L18000062860.

This amendment is submitted to amend the following:

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

Sovant Healthcare Systems, LLC

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 n
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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.

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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


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)

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.

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

Dated October, 11 2018


Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Scott T. Collins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL