

L180000 81338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

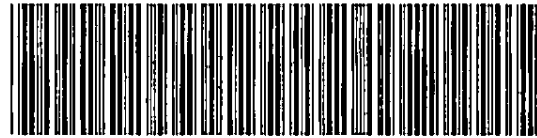
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/18--01030--009 **25.00

FILED
MAY 23 AM 5:25
CLERK OF COURT
CLERK OF COURT

MAY 24 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DC Health Consulting
Name of Limited Liability Company

RECEIVED
2018 MAY 23 AM 10:57
DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Drema Carpenter
Name of Person

DC Health Consulting
Firm/Company

9961 Cypress Vine Drive
Address

Orlando, Florida 32827
City/State and Zip Code

info.phg@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Drema Carpenter at (954) 369-7044
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

JK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2018

DREMA CARPENTER
9961 CYPRESS VINE DR
ORLANDO, FL 32827

SUBJECT: DC HEALTH CONSULTING LLC
Ref. Number: L18000081338

We have received your document for DC HEALTH CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 318A00007221

FILED
2018 MAY 23 AM 5:26
TALLAHASSEE, FLORIDA

TO
ARTICLES OF ORGANIZATION
OF

DC Health 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 3/30/18 and assigned
Florida document number 4180000 81338.

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:

Drema Carpenter

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

Remove from the system

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Drema Carpenter	9961 Cypress Vine Drive	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 May 10, 2018

[Signature]

Signature of a member or authorized representative of a member

Drema Carpenter

Typed or printed name of signee

FILED
2018 MAY 13 AM 5:26
TALLAHASSEE FLORIDA