

L180000139075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

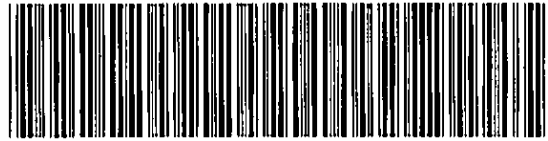
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke to Mr. McCray on 7/24  
He stated purpose on  
phone call.

Office Use Only



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07/11/18--01005--013 \*\*25.00

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18 JUN 24 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2018

YOLANDE MCCRAY  
690 NW 72ND TER  
HOLLYWOOD, FL 33024

SUBJECT: YSM NURSE PRACTITIONER SERVICES, LLC  
Ref. Number: L18000139075

We have received your document for YSM NURSE PRACTITIONER SERVICES, 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 specific purpose of the entity must be set forth in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 818A00014972

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** YSM Nurse Practitioner Services, 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:

Yolande McCray

\_\_\_\_\_  
Name of Person

The Healing Place, PLLC

\_\_\_\_\_  
Firm/Company

690 NW 72nd Terrace

\_\_\_\_\_  
Address

Hollywood, FL 33024

\_\_\_\_\_  
City/State and Zip Code

yollie6@hotmail.com

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

For further information concerning this matter, please call:

Yolande McCray

407

718-0373

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**

YSM Nurse Practitioner Service, 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 June 6, 2018 and assigned  
Florida document number L18000139075

This amendment is submitted to amend the following:

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

The Healing Place, PLLC

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:

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

N/A

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TALLAHASSEE, FLORIDA

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

Contracting nurse practitioner Services

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18 JUN 24 PM 12:51  
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TALLAHASSEE, FLORIDA

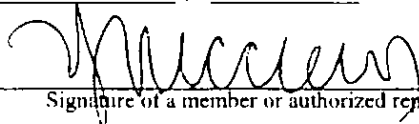
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Yolande McCray

Typed or printed name of signee