

C18000175180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

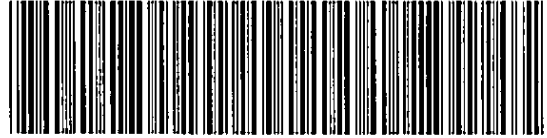
(Document Number)

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

Special Instructions to Filing Officer:

wf

Office Use Only



600318194636

09/10/18--01021--009 \*\*113.75

2018 OCT 15 PM 3:40  
SECRETARY OF STATE  
FILING OFFICE

FILED

M. MILLIGAN  
OCT 18 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2018

PATIENT RESOURCE NETWORK, LLC  
ATTN: CHARLES E. GRAVES, III  
113 S. MAGNOLIA AVE, STE 206  
SANFORD, FL 32771

SUBJECT: PATIENT RESOURCE NETWORK, LLC  
Ref. Number: L18000175180

We have received your document for PATIENT RESOURCE NETWORK, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 418A00019261

2018 OCT 15 AM 9:57

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Patient Resource Network, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles E. Graves III  
Name of Person

Patient Resource Network, LLC  
Firm/Company

113 S. Magnolia Ave, #206  
Address

Sanford FL 32771  
City/State and Zip Code

Charles@PatientResourceNetwork.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Graves at (321) 696 2448  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Patent Resource Network, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2018 OCT 15 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/20/2018 and assigned  
Florida document number L18000175180

This amendment is submitted to amend the following:

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

N/A  
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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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: N/A

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.*

N/A  
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	ZACHARY HUDSON	233 MENEMVA LN. Longwood	<input checked="" type="checkbox"/> Add FC 1274
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<del>AMBR</del>			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated 10/05/18.

Charles F. Grimes III  
Typed or printed name of signee

2018 OCT 15 PM 3:40  
SUN (F) OF STONE  
796

7-11-68