

118000 218224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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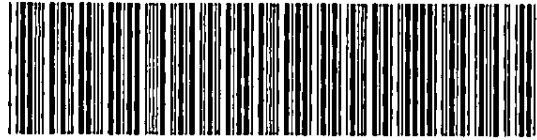
(Business Entity Name)

(Document Number)

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2019 JAN -2 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FL

LLC
Amend

1-14-19

Dr

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARE CLUB MD, 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:

RITESH SHAH

Name of Person

Firm/Company

6516 14TH STREET WEST

Address

BRADENTON, FL 34207

City/State and Zip Code

ritesh@healthteqservices.com

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

For further information concerning this matter, please call:

RITESH SHAH

424 333-6273

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**

CARE CLUB MD, 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 SEPTEMBER 13, 2018 and assigned
Florida document number L18000218224.

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)

6220 14TH STREET WEST

BRADENTON, FL 34207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6220 14TH STREET WEST

BRADENTON, FL 34207

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>
AMBR	HARSHADBHAI PATEL	7900 THEODORE DAWES RD W. THEODORE, AL 36582	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DWIGHT PEBBLES II	2340 PATRICK HENRY PARKWAY, SUITE 150	<input checked="" type="checkbox"/> Add
		MCDONOUGH, GA 30253	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KOTTO PAUL	2340 PATRICK HENRY PARKWAY, SUITE 150	<input checked="" type="checkbox"/> Add
		MCDONOUGH, GA 30253	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RITESH SHAH		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		6220 14TH STREET WEST BRADENTON, FL 34207	<input checked="" 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]

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

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.

Signature of a member or authorized representative of a member

RITESH SHANI
Typed or printed name of signee