

L18000228172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

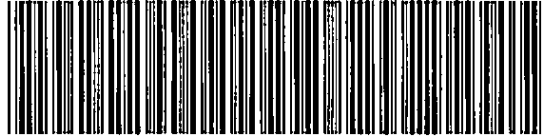
(Document Number)

Certified Copies _____

Certificates of Status _____

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SEP 21 2020

2020 SEP 21 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

10/29/20

ca

GENERAL AFFIDAVIT

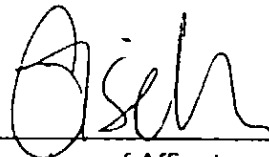
STATE OF FLORIDA

COUNTY OF SARASOTA

PERSONALLY came and appeared before, the undersigned Notary, the within named GISELLE BANLAT, who is a resident of SARASOTA County, State of FLORIDA, and makes this her statement and General Affidavit upon oath and belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of her knowledge:

I, GISELLE BANLAT, have no intention of reinstating FLORIDA TELEHEALTH, LLC, therefore, I am releasing the name for use to another entity.

DATED this the 9 day of September, 2020.



Signature of Affiant

SWORN to and subscribed before me, this the 9th day of September, 2020.


NOTARY PUBLIC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESCUE TOUCH MEDICAL ALERT, 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 A. LEPPER
Name of Person

FLORIDA TELEHEALTH LLC
Firm/Company

850 TEAGUE TRAIL #1944
Address

THE VILLAGES FL 32158
City/State and Zip Code

SCOTTLEPPER@FLORIDA TELEHEALTH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT A. LEPPER at (352) 552-2102
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

2020 SEP 21 AM 8:43

RESCUE TOUCH MEDICAL ALERT, LLC.
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 9/26/2018 and assigned Florida document number L18000228172.

This amendment is submitted to amend the following:

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

FLORIDA TELEHEALTH, 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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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:

SAME

New Registered Office Address:

SAME

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

ALL SAME

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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		<hr/>	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

DEAR REGISTRATION STAFF,
PLEASE SEE AND ACCEPT THE INCLUDED AFFIDAVIT
FROM GISELLE BANLAT RELEASING THE REQUESTED
NAME.

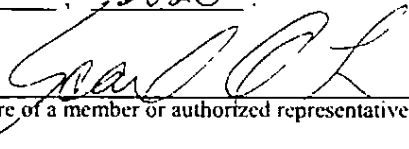
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 9-17-2020, 2020



Signature of a member or authorized representative of a member

SCOTT A. LEPPER

Typed or printed name of signer