

LI8000 275012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

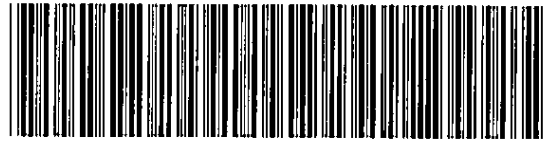
(Business Entity Name)

(Document Number)

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2019 AUG -9 AM 11:38  
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Y SULKER

AUG 12 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2019

ELITE CLINICAL SERVICES LLC  
3601 NW FEDERAL HWY  
JENSEN BEACH, FL 34957

SUBJECT: ELITE CLINICAL SERVICES LLC  
Ref. Number: L18000275012

We have received your document for ELITE CLINICAL 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):

PAGE 1 MISSING.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 119A00014658

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elite Clinical Services  
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:

Karen Vassell  
Name of Person

Elite Clinical Services  
Firm/Company

3601 NW Federal Hwy  
Address

Jensen Beach, FL 34957  
City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Vassell at 772 218-0977  
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  
2601 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
AUG 05 2019

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Elite Clinical Services 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 11/28/2018 and assigned Florida document number L18000275012.

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:

Sabrina Seus

New Registered Office Address:

3601 NW Federal Hwy

Enter Florida street address

Jensen Beach

City

Florida

34957

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.*

S. Seus

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>
MGRM	Karen Vassell	3601 NW Federal Hwy	<input type="checkbox"/> Add
		Jensen Beach, FL 34957	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	So Hardik Soni	3601 NW Federal Hwy	<input type="checkbox"/> Add
		Jensen Beach, FL 34957	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Jason Watt	3601 NW Federal Hwy	<input type="checkbox"/> Add
		Jensen Beach, FL 34957	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Sabrina Seus	3601 NW Federal Hwy	<input checked="" type="checkbox"/> Add
		Jensen Beach, FL 34957	<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]

(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)

Dated July 31<sup>st</sup> 2019

Signature of a member or authorized representative of a member

Karen Vassell

Typed or printed name of signer