

11900009928729

Florida Department of State

Division of Corporations
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((11900009928729)))



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To:Division of Corporations
Fax Number : (650) 617-6383**From:**Account Name : COURT ACCESS CENTERS OF AMERICA
Account Number: 075650000541
Phone : (613) 675-1333
Fax Number : (613) 200-1050

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: protocols@connectedmedicals.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONNECTED MEDICAL SERVICES LLC

Certificate of Status	0
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JVS
3-28-19

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

CONNECTED MEDICAL 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 02/04/2019 and assigned Florida document number 119000028729.

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: _____

New Registered Office Address: _____ Enter Florida area address

_____ City _____ Florida _____ 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

DocuSign Envelope ID: E4D0CFA1-D842-4DD7-888C-3A3A56C0FC56
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	THOMAS EDWARD OLIVER	11760 NE 14TH AVE ANTHONY, FL 32617	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	TIFFANY FIORENTINO	11760 NE 14TH AVE ANTHONY, FL 32617	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

DocuSign Envelope ID: E4D0CFA1-D842-4DD7-888C-3A3A56CDFC56

Focus on Envelope ID: E400UCF1-D842-4DD7-888C-5A5C6CFC56
12. **Amending any other information, enter changes here: (Attach additional sheets, if necessary.)**

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.

3/26/2019

Dated

— Generated by:

THOMAS EDWARD OLIVER

201603150242416

Signature of a member or authorized representative of a member

THOMAS EDWARD OLIVER, AUTHORIZED MEMBER

Type of witness name of signee

Page 3 of 3

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