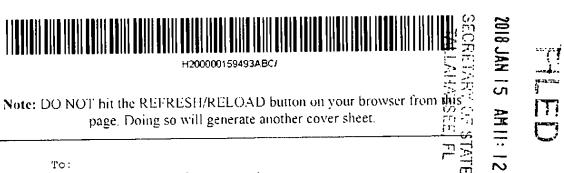
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000015949 3)))



Division of Corporations

Fax Number : (850) 617-8383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323) 962-8600 Fax Number : (323) 962-3889

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

Email	Address:	 	<u>.                                    </u>	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOML HEALTHCARE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help O SIMMONS

JAN 1 6 2020

## COVER LETTER

TO: Rep Div	gistration Sec vision of Corp	etion porations		.to		
CUD IE/YE		ALTHOARE SOLUTIONS, LL	c ·	. 1.		
SUBJECT:		Name of Limit	ed Liability Company			
		Amendment and fee(s) are subm				
Picuse leadii	i an concepti	Cheyenne Moscley				
		<u></u>	Name of Person			
		t.egalzoom.com, Inc.				
	Firm/Company					
101 N Brand Blvd 11th Fl						
			Address	·		
		Glendale, CA 91203				
	,	City/State and Zip Code				
		loinlhesolutions@gmail.cem	o be used for future annual report notifi	ication)		
For further	information c	oncerning this matter, please ca				
Cheyenne			800 773-0888			
	Name o	d' Person	Area Code Daytina	Telephone Number		
Enclosed is	a check for t	he following amount:				
<b>5</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	

MALLING 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

LOME HEALTHCARE SOLUTIONS, LLC	
(Name of the Limited Limbility 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 04/05/2019  Florida document number L19000094568	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	SECRE
The new name must be distinguishable and contain the words "Limited Linhility Company," the designation "LLC" of	or the ubbre flation
Enter new principal offices address, if applicable:	52 5 F
(Principal office address MUST BE A STREET ADDRESS)	
	FITE 12
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, registered agent and/or the new registered office address here:	enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
C)	*.4
City	rida Zip Code
Nen Registered Agent's Signature, if changing Registered Agent:	
	there carries to cannot with the
I hereby accept the appointment as registered agent and agree to act in this capacity. I furt provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, F being filed to merely reflect a change in the registered office address. I hereby confirm that company has been notified in writing of this change.	S.S. Or, if this document is

ļ

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

Title	Name	Address	Type of Action
AMBR	Taunya Masterson	17331 Chelsea Downs Cir Lithia, Florida 33547	BAdd
			□ Remove
			☐ Change
<del></del>			2018 SECH TA
			C
			Sign A
			AHASSEE, FL
			Fri Remove
			Change
			□ Add
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			☐ Add
			C Remove
			☐ Change
			□ Add
			_ □ Remove
			Cl Change

2020-01-15 07:02:52 PST

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
SEC.		
T.M. A	ج. بيند د . بيند	
HASY	Parant.	)
S OF A		
FA		
m N	r	
Effective date, if other than the date of filing:  (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 605.0 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	1207 (3)(b) d as the	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b). The 90th day after the record is filed.	r of:	
Dated January 10, 2020.  Wis Masture  Signature of a member or authorized representative of a member		
Christopher W Masterson		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00