

L20 000106972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

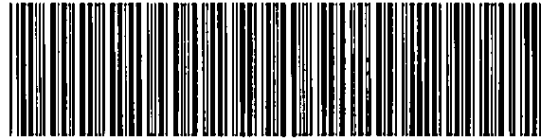
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400352186724

09/29/20--01016--007 **25.00

RECEIVED

SEP 28 2020

2020 SEP 28 PM 6:53

FILED

CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

NOV 04 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IHS Health, 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:

Karza Chaudhary
Name of Person

IHS Health, LLC
Firm/Company

141086 Braddock Oak Dr
Address

Orlando FL 32837
City/State and Zip Code

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

For further information concerning this matter, please call:

Karza Chaudhary at (209) 485-8181
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 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**

I. H. S. Health, 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 4-18-20 and assigned
Florida document number 4-18-20 ^{ICC 9-23-20} L0000106972.

This amendment is submitted to amend the following:

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

na

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

5549 oxford moon blvd
Windermere, FL 34786

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:

na

New Registered Office Address:

na

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	HSSina Abdalym	5549 Oxford Moor Blvd	<input type="checkbox"/> Add
		Winklermere, FL 34786	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	HSSina Abdalym	same as above	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ranza Chaudhary	5549 Oxford Moor Blvd	<input checked="" type="checkbox"/> Add
		Winklermere, FL 34786	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change title for Ltssina Abdaym
from AMBR to MGR. Also change residential
mailing address for Ltssina Abdaym.
New address: 5549 Oxford Moor Blvd,
Winckmere Fl 34786.

Please add new title AMBR for
Kanza Chaudhary. Also change
mailing address (residential address) for
Kanza Chaudhary to: 5549 Oxford Moor Blvd.
KC
9-23-20 ~~Kissimmee~~ Winckmere, Fl 34786

Kanza Chaudhary to remain the AP and MGR.
in addition to adding AMBR to the title.

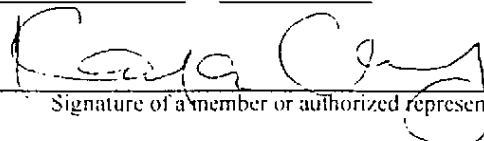
E. Effective date, if other than the date of filing: 9-23-20 (optional)

(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 Sep 23rd 2020.



Signature of a member or authorized representative of a member

KANZA CHAUDHARY

Typed or printed name of signer