

L20 000 206 853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

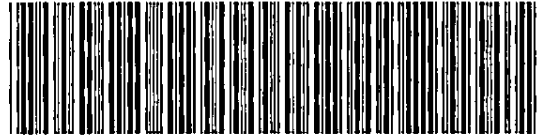
(Business Entity Name)

(Document Number)

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JUL 27 2020

07/28/20--01009--029 **25.00

SEP 17 2020
S. YOUNG

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

2020 JUL 27 PM 6:31

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: USA HEALTH CARE CONSULTANTS, 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:

Stanley E. Rolland
Name of Person

USA HEALTH CARE CONSULTANTS, LLC
Firm/Company

9610 64th Ave. East,
Address

Bradenton, FL 34202
City/State and Zip Code

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

For further information concerning this matter, please call:

Stanley E. Rolland at (941) 941-720-0291
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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 JUL 27 PM 6:31
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

USA HEALTH CARE CONSULTANTS, LLC
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/16/2020
and assigned Florida document number L20000206853.

This amendment is submitted to amend the following:

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

I= Global Health Care Consultants, 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:

(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 street address

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

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>
<u>AMBR</u>	<u>KALLI SEGER</u>	<u>412 39TH ST E</u>	<input type="checkbox"/> Add
		<u>PALMETTO, FL 34221</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>KIMBERELY CAVANAUGH</u>	<u>1002 34TH DR W</u>	<input type="checkbox"/> Add
		<u>PALMETTO, FL 34221</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Franklin Ezeoke</u>	<u>4577 Braselton Hwy</u>	<input checked="" type="checkbox"/> Add
		<u>Hoschton, GA 30548</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Chioma Mbonu</u>	<u>4780 Highland Point Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Auburn, GA 30011</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

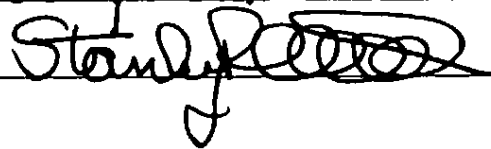
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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.

Dated _____

July 23rd, 2020


Signature of a member or authorized representative of a member

Stanley Rolland

Typed or printed name of signee