

LZO 000384293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

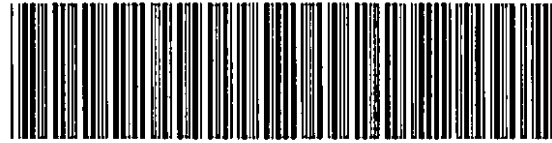
(Business Entity Name)

(Document Number)

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12/18/20--01011--010 **30.00

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2020 DEC 18 AM 9:51

1/28/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TELEHEALTH OPTIONS MEDICAL STAFFING 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:

SEAN BORN

Name of Person

FLORIDA MEDICAL STAFFING LLC

Firm/Company

2406 WYNGATE COURT

Address

MOUNT DORA, FL 32757

City/State and Zip Code

KASEY.BORN33@GMAIL.COM

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

For further information concerning this matter, please call:

SEAN BORN 352 223-7221
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

TELEHEALTH OPTIONS MEDICAL STAFFING 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 12/09/2020 and assigned
Florida document number 1.20000384293.

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 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>
AP	KEVIN JOYCE	455 NE 5TH AVE SUITE D-296	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33482	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	HAYS GINN	417 WEST BLUE EDGE	<input type="checkbox"/> Add
		EUSTIS, FL 32736	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	FAROOQ HAQUE	455 NE 5TH AVE SUITE D-296	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33482	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	CHRIS FLACK	455 NE 5TH AVE SUITE D-296	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33482	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SEAN BORN	2406 WYNGATE COURT	<input type="checkbox"/> Add
		MOUNT DORA, FL 32757	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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At 9:54

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

I NEED TO REMOVE THE CEO TITLE FROM AFTER MY NAME AS WELL (SEAN BORN)

THEN CHANGE THE INCORRECT (AP) TO MGR FOR (SEAN BORN)

I

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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 12/15 2020



Signature of a member or authorized representative of a member

SEAN BORN

Typed or printed name of signee