L23000248264

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DATE: 12/\\\/2024

NAME: QUALIFIED HEATH SERVICES LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJECT		D HEALTH SERVICES LLC		
SUBJECT	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	um all correspo	ndence concerning this matter	to the following:	
		MOHAMMAD MEGHAN	п	
			Name of Person	
		<u></u>	Firm/Company	
		5101 NW 21ST AVE SUI	TE # 450	
			Address	
		FORT LAUDERDALE, F	L 33309	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For further	r information co	oncerning this matter, please c	all:	
MOHAMMAD MEGHANI		954 404-4976 at ()		
	Name of	Person		ne Telephone Number
Enclosed i	is a check for th	e following amount:		
■ \$25.00	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	failing Address		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co		
	P.O. Box 632		The Centre of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



December 17, 2024

FLORIDA FILING & SEARCH SERVICES

SUBJECT: QUALIFIED HEALTH SERVICES LLC

Ref. Number: L23000248264

We have received your document for QUALIFIED HEALTH SERVICES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 924A00027324

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 DEC 16 AMII: 37

QUALIFIED HEALTH SERVICES LLC

(Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company) ALL AHAGGGGT STATE	
(A Florida Limited	Liability Company) ALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Company Florida document number L23000248264.	were filed on 05/19/2023 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5101 NW 21ST AVE SUITE # 450	
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33309	
Enter new mailing address, if applicable:	5101 NW 21ST AVE SUITE # 450 FORT LAUDERDALE, FL 33309	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registe	
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 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>	Address	Type of Action
MGR	MOHAMMED A. H. RIZVI	1675 NW CATALINA CIR	= Add
		PORT ST. LUCIE, FL 34986	□Remove
MGR	DEMETRIOS M. ALCANTARA	2607 CALLIANDRA TERR	🗏 Add
		COCONUT CREEK, FL 33063	□ Remove
			Change
			□Add
			Change
			□Add
			Remove
			
			
			□Remov e
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		8 7 DA	
Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to the: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	date of filing or more than 90 date of statutory filing requirement	(optional) Lys after filing.) Pursuant to 605 nts, this date will not be liste	.0201 ed as
ecord specifies a delayed effective date, but not an effective tim is filed.	e, at 12:01 a.m. on the earlie	r of: (b) The 90th day after	r the
DECEMBER 18 , 2024	-·		

Filing Fee: \$25.00