

L23000512487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

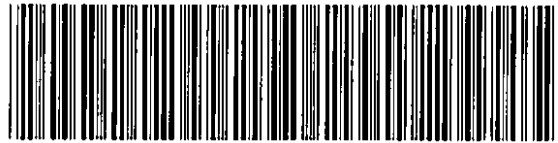
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2024 NOV -5 AM 8:22

TALLAHASSEE, FLORIDA

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2024 OCT 30 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$25.00

Authorization Signature: Jan Lull

Business Name: NATIONAL HEALTHCARE CERTIFICATION LLC

Document # L23000512487

 Certified Copy

 Certificate of Status

NEW FILINGS

&

AMENDMENTS

 Profit Corp

 Not for Profit

 Limited Liability

 Domestication

 LLLP

 Corp

 Inc

 Other

 X Amendment

 Resignation / Dissociation

 Change of Registered Agent

 Dissolution for LLC

 Merger

 Articles of Conversion

 Amended & Restated Articles of Incorporation

 Statement of Correction

APOSTILLE(s)

&

OTHER FILINGS

 Apostille(s)

 Country(s)

 Foreign Filing LLC

 Reinstatement

 Qualification

 Fictitious Name

 Annual Report

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL HEALTHCARE CERTIFICATION 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:

Name of Person

SOFTBOOKS INC

Firm/Company

5373 N NOB HILL RD

Address

SUNRISE, FL 33351

City/State and Zip Code

INFO@SOFTBOOKSINC.COM

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

For further information concerning this matter, please call:

ALTAF SATTAR

954 874-6230
at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: NATIONAL HEALTHCARE CERTIFICATION LLC
Ref. Number: L23000512487

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

The registered agent must sign accepting the designation.

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

Neysa Culligan
Regulatory Specialist III

Letter Number: 324A00023994

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2024 NOV -5 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

69

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NATIONAL HEALTHCARE CERTIFICATION 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 11/14/2023 and assigned
Florida document number 123000512487

This amendment is submitted to amend the following:

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

N/A

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)

5373 N NOB HILL RD

SUNRISE, FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5373 N NOB HILL RD

SUNRISE, FL 33351

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:

SOFTBOOKS INC

New Registered Office Address:

5373 N NOB HILL RD

(Enter Florida street address)

SUNRISE

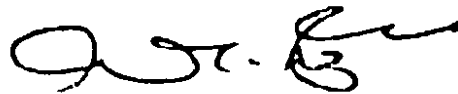
Florida 33351

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

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TALLAHASSEE, FLORIDA

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>
MGR	MOHAMMAD AZAM	1700 NE 6TH AVE	☐ Add
		MIAMI, FL 33162	☒ Remove
			☐ Change
AMBR	SAAD SAJJAR	5373 N NOB HILL RD	☒ Add
		SUNRISE, FL 33351	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(An effective date other than the date must be specified and cannot be prior to the filing or more than 90 days after filing.) Pursuant to 407.002 (3)(b)

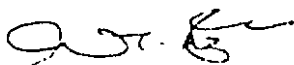
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9th day after the record is filed.

Dated October 30th 2024

Signature of _____ (Authorized representative of a member)

MOHAMMAD AZAM



(Printed name of signor)

Filing Fee: \$25.00