

L98000001584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

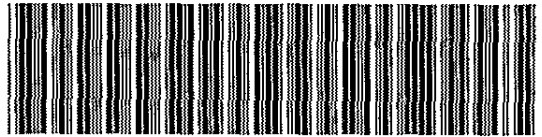
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200079141102

08/29/06--01014--019 **55.00

FILED
SECRETARY OF STATE
2006 SEP 11 PM 4:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deltran Medical Information Management Systems.
(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:

Delrose Tobie

(Name of Person)

(Firm/Company)

2735 E. Dellwood Dr.

(Address)

Eustis, FL 32726

(City/State and Zip Code)

For further information concerning this matter, please call:

Delrose Tobie

(Name of Person)

at (352) 357-2485

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 SEP 11 PM 4:46



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2006

DELROSE TOBIE
2735 E. DELLWOOD DR.
EUTIS, FL 32726

SUBJECT: DELTRAN MEDICAL INFORMATION MANAGEMENT SYSTEMS
LLC
Ref. Number: L98000001584

We have received your document for DELTRAN MEDICAL INFORMATION MANAGEMENT SYSTEMS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 106A00053118

2006 SEP 11 PM 4:46
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Deltran Medical Information Management Systems

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on August 24, 1998 and assigned document number L98000001584

SECOND: This amendment is submitted to amend the following:

By virtue of the sale of the Company, the following Managing Members are deleted:

Lyons-Morgan, Velmour

Morgan, Wade

and the following Managing Member is added

Linda Cox

24615 SE Highway 450

Umatilla, FL 32784

~~The following Registered Agent is deleted:~~ *del*

~~Delrose Tobie~~ *del*

The following Registered Agent is added: Linda Cox, address as above *del*

*Please
omit*

Dated August 1, 2006

Delrose Tobie
Signature of a member or authorized representative of a member

Delrose Tobie

Typed or printed name of signer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2006 SEP 11 PM 4:46

Filing Fee: \$25.00