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Special Instructions to Fi	iling Officer:	
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JUN 2 0 2018

COVER LETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Florida Medical Rights Association, INK
DOCUMENT NUMBER: N 18 0000022238
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melody Page (Name of Contact Person)
25 W Plumosa Ln
(Address)
Lake Worth FL 33467
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melody Page (Hame of Contact Person) at <u>561-676-6892</u> (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee San Certificate of Status Certified Copy (Additional copy is enclosed)

> Mailing Address Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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Enclosed) Street Address Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□\$52.50 Filing Fee Certificate of Status

Certified Copy

(Additional Copy is

5 C I			
	Articles of Amendme	ent	
	to Articles of Incorporat	tion	
	of	110 n	
- Florida Medic	al Rights	Association, INK	
(<u>Name of Corporation as</u>	s currently filed with th	he Florida Dept. of State)	
N180000			
(Documer	nt Number of Corporation	on (if known)	
Pursuant to the provisions of section 617.1006, Floridi amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida l</i>	Not For Profit Corporation adopts the follo	wing
A. If amending name, enter the new name of the co	prporation:		
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorp	The orated" or the abbreviation "Corp." or "h	пеж 10."
B. <u>Enter new principal office address, if applicable</u> (<i>Principal office address <u>MUST BE A STREET ADD</u></i>	<u>:</u> <u>RESS</u>)		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BON</u>	ن	TALLANAS ST	FILE
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	d office address in Flor Mice address:	rida, enter the name of the	PH 3:188
Name of New Registered Agent:			_
<u>New Registered Office Address</u> :		(Florida street address)	-
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a		• •	

Signature of New Registered Agent, if changing

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Florida Medicat Rights Assn. Doc# N180000022238

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

-

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add		<u>Doe</u> Jones Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	Treasur	re <u>r</u> Jordan Dul	cie 2139 Palm Beach Lates Bl West Palm Beach FL 33409
2) Change	Secretary	Glen Compton	419 Rubens DR. Nokomis FL 34275
3) <u>Å</u> Change Add Remove	President	Deborah Souden	3292 Plumlee Ct. Grand Island FL 32735
4) <u>X.</u> Change Add Remove	Chairman	Melody Page	25 W Plumosa Ln Lake Worth FL 33467
5) Change Add Remove			
6) Change Add Remove			
		Page 2 of 4	

 If amending or adding additional Arts (attach additional sheets, if necessary). 	(Be specific)	
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Page 3 of 4

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Effective	date <u>if applicat</u>	<u>ble</u> :(me l	3,201	5		<u> </u>	
Note: If t	he date inserted	in this block does on the Departmen	not mant de		le statutory f	iling requir	ements, this da	te will not be	e listed as the
Adoption	of Amendment	(s) (CHECK O	<u>) NE</u>)					
The a was/w	mendment(s) wave were sufficient fo	as/were adopted b or approval.	y the memb	ers and the	e number of	votes cast fo	r the amendme	ent(s)	
There adopt	are no members ed by the board	s or members entit of directors.	iled to vote	on the ame	endment(s).	The amendi	nent(s) was/we	ere	
	Dated	6/13	3/18	- <u> </u>					
	Signature	Melod	2 Pa	<u>ye</u>					
		the chairman or v the chairman or v te not been selected er court appointed				nt or other o nds of a rec	fficer-if directe eiver, trustee, e	ors or	
	-	Mel	ody	Pac	1e d name of pe				
			(Туре	d or printe	d name of pe	rson signin	g)		
	~	Ch	airm	an	of person si				
				(Title	of person si	gning)			