

L19000 282420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

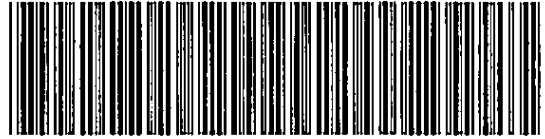
(Business Entity Name)

(Document Number)

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19 DEC -6 PM 3:45  
DEPT. OF STATE  
DIVISION OF CORPORATIONS

JAN 13 2020

C. McNAIR

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 360 Health Services LLC  
Name of Limited Liability Company

RECEIVED  
DIVISION OF CORPORATIONS  
19 DEC -6 PM 3:45

The enclosed Articles of Amendment and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

C. Pawlak  
Name of Person

RX Licensing + Accred  
Firm/Company

10294 Wellington Parc Dr  
Address

Wellington FL 33449  
City/State and Zip Code

Christinap@pharmlicensing.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Pawlak at (561) 215 5067  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Division of Corporations & Statewide  
19 DEC -5 PM 3:45

360 Health Services 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 11/13/2019 and assigned Florida document number L191000282420

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)

4651 N St Rd 7  
Ste 8  
Coral Springs FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4651 N St. Rd 7  
Ste 8  
Coral Springs FL 33073

**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

Title                      Name                                      Address                                      Type of Action

MGR      Leverage Management Solutions LLC      20423 St Rd 7  
Bara Raton FL 334198       Add  
 Remove  
 Change

MGR      Nicholas Pape      4651 N St Rd 7  
Ste 8       Add  
 Remove  
Coal Springs FL 3307B       Change

AMBR      Nicholas Jenkins      4651 N St Rd 7  
Ste. 8       Add  
 Remove  
Coal Springs FL 3307B       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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

50%    Nicholas Pape

50%    Nicholas Jenkins

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\_\_\_\_\_

E. Effective date, if other than the date of filing: 12/02/2019 (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 Dec 2 2019

N. Jenkins  
Signature of a member or authorized representative of a member

Nicholas Jenkins  
Typed or printed name of signee