L20000370097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Innovation Health Center, 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:

Diamelba Carbone Martinez
Name of Person

Innovation Health Center, LLC
Firm/Company

11521 SW 81st ST
Address

Miami, FL 33173
City/State and Zip Code

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

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For further information concerning this matter, please call:

Diamelba Carbone Martinez at (786) 447-3332
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

August 1, 2022

INNOVATION HEALTH CENTER, LLC
11521 SW 81ST ST
MIAMI, FL 33173

SUBJECT: INNOVATION HEALTH CENTER, LLC
Ref. Number: L20000370097

We have received your document for INNOVATION HEALTH CENTER, LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 622A00017085

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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Innovation Health Center, 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 11/23/2020 and assigned Florida document number L20000370097.

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)

9031 SW 203rd Terr
Cutler Bay FL 33189

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9031 SW 203rd Terr
Cutler Bay FL 33189

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: 9031 SW 203rd Terr
Enter Florida street address

Cutler Bay, **Florida** 33189
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	Laura Parodi	11821 SW 252 Ter, Homestead FL 33032	
			☐Add
			■Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
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			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

1. Updating Principal Office Address

2. Updating Mailing Address

3. Updating Registered Office Address

4. Removing: Laura Parodi MGR

E. Effective date, if other than the date of filing: 05/06/2022 **(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 May, 06 . 2022 .

Signature of a member or authorized representative of a member

Diamelba Carbone Martinez

Typed or printed name of signee

Filing Fee: $25.00