

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000427334

**Entity Name:** AM HEALTH AND WELLNESS SERVICES, LLC

**Current Principal Place of Business:**

1170 NW 11TH ST  
APT 730  
MIAMI, FL 33136

**Current Mailing Address:**

1170 NW 11TH ST  
APT 730  
MIAMI, FL 33136

**FEI Number:** 87-2957322

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MARTINEZ, ARRON J  
1170 NW 11TH ST  
APT 730  
MIAMI, FL 33136 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AR  
Name MARTINEZ, ARRON J  
Address 1170 NW 11TH ST APT 730  
City-State-Zip: MIAMI FL 33136

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARRON MARTINEZ

AR

05/01/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date