LU3000024191

(Req	uestor's Name)	
(Add	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
•		

Office Use Only



300392243963

01 18.70 (MEGS 960 **D0,00

RECTION OF THE STATE AND A STA

2022 / ''S 17 PH12: 02

G 2/18/2022

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	K UP:	8/17 DANNY		
	CERTIFIED COPY				
XX	РНОТОСОРУ				
	CUS				
XX	FILING	LLC	AMEND		
-	(CORPORATE NAME AND DOCU	MENT #)		•,	
-	(CORPORATE NAME AND DOCU	·			
-		MENT #)			
-	(CORPORATE NAME AND DOCU	MENT #)			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG 17 PH 12: 02

Avant Healthcare Professionals, 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 Florida document number <u>L03000024191</u> .	were filed on <u>07/02/2003</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2301 Lucien Way	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 360 Maitland, FL 32751	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name	of the new registered
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa rovided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		 	□Remove
			□Change
			🗆 Add
•			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			⊡Add
			🗆 Remove
			Change

	= = -			
				
·				
	<u> </u>		·	
	· · · · · · · · · · · · · · · · · · ·			
				
			 -	
ffective date, if other than t an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	must be specific and cannot be price block does not meet the appl	icable statutory filing req	(optional) nan 90 days after filing.) Pursuar quirements, this date will not	at to 605.0207 (be listed as t
record specifies a delayed effect is filed.	tive date, but not an effective	time, at 12:01 a.m. on th	te earlier of: (b) The 90th d	ay after the
	2022			
ated	· · · · · · · · · · · · · · · · · · ·	 '		
ated		 '		
ated	Signature of a member or aut	horized representative of a	member	

Filing Fee: \$25.00