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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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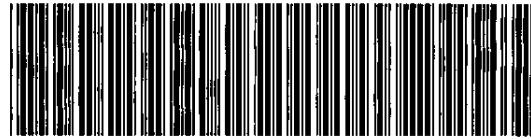
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 23 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Optimal Health Dr. Christopher D. Olenek D.O.
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Chris Olenek / Jessica Beaumont
Name of Person
East Side Urgent Care
Firm/Company
960 37th Place Suite 102
Address
Vero Beach, FL 32960
City/State and Zip Code
Eastsideurgentcare960@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jessica Beaumont at (772) 770-6225
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Optima/Health Dr. Christopher D. Olene/K.D.O. 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 May 5 2018 and assigned
Florida document number L10000048426

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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 end with 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)

960 37th Place
Suite 102
Vero Beach, FL 32960

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

960 37th Place
Suite 102
Vero Beach, FL 32960

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:

960 37th Place Suite 102
Enter Florida street address
Vero Beach, Florida 32960
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
office manager	Jessica Beaumont	2914 SE Blackwell Dr	<input checked="" type="checkbox"/> Add
	Junior MGRM	Port St Lucie FL	<input type="checkbox"/> Remove
		34952	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA

Dated

9/20/20

Christopher Olenek

Signature of a member or authorized representative of a member

Dr. Christopher Olenek

Typed or printed name of signee