

L11000 123 938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

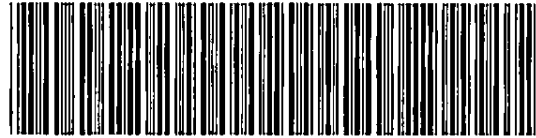
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECTION  
TALLAHASSEE, FLORIDA

2019 DEC -6 PM 1:15

FILED

Y SULKER

DEC 10 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2019

MIRRA HEALTH CARE LLC  
233 DELLA COURT  
SPRING HILL, FL 34606-5358

SUBJECT: MIRRA HEALTH CARE LLC  
Ref. Number: L11000123938

We have received your document for MIRRA HEALTH CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 019A00023719

RECEIVED

2019 DEC -6 PM 3:10

*Signed & Returned  
Thank you.*

**TO  
ARTICLES OF ORGANIZATION  
OF**

MIRRA HEALTH CARE, 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 October 31st, 2011 and assigned  
Florida document number L11000123938

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Napolitano Law, LLC

New Registered Office Address:

233 Della Court

*Enter Florida street address*

Spring Hill

Florida

34606-5358

*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

or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>  | <u>Type of Action</u>                      |
|--------------|---------------------|---|--|
| CEO          | DR. PARIKSITH SINGH | 1202-1206 Mariner Boulevard<br>Spring Hill, Florida 34609 | <input type="checkbox"/> Add               |
|              |                     |   | <input checked="" type="checkbox"/> Remove |
|              |                     |   | <input type="checkbox"/> Change            |
| MGR          | DR. PARIKSITH SINGH | 1202-1206 Mariner Boulevard<br>Spring Hill, Florida 34609 | <input checked="" type="checkbox"/> Add    |
|              |                     |   | <input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Change            |
|              |                     |   | <input type="checkbox"/> Add               |
|              |                     |   | <input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Change            |
|              |                     |   | <input type="checkbox"/> Add               |
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|              |                     |   | <input type="checkbox"/> Change            |
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|              |                     |   | <input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Change            |

[illegible]

(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)

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.