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Office Use Only



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## **COVER LETTER**

	egistration S vivision of Co					
SUBJECT		MEDICAL HEALTH & WEL	LNESS, LLC			
30202		Name of Lin	nited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please retu	m all correspo	ondence concerning this matter	to the following:			
		RICHARD R. ALLEN, S	R.			
Name of Person						
Firm/Compuny						
12040 Jog Road, Suite 1						
Address						
Boynton Beach, FL 33437						
City/State and Zip Code						
		E-mail address:	to be used for future annual report nout	2/10622-COM		
For further	information c	oncerning this matter, please c	all:			
Erica L. De	Santi		954 962-7367			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.00	Filing Fœ	☐ \$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

ABILITY MEDICAL HEALTH &					
(Nume of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Li Florida document number L12000083611					
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
<del>.</del> ————————————————————————————————————	<u></u>				
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	ıble:	12040 Jog Road			
(Principal office address MUST BE A STREET		Suite 1			
		Boynton Beach, FL 33437			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	30X)	12040 Jog Road Suite 1			
		Boynton Beach, FL 33437			
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	or registered of ice address here RICHARD R. A 12040 Jog Road	HASSITE ETARY C	ew		
		Enter Florida street address	ģ		
	Boynton Beach	Florida 3343			

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Žip Code

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
MGRM	Ryan R. Rex	5253 NW 108th Avenue	
		Sunrise, FL 33351	■ Remove
			☐ Change
MGRM	Jessica Lochiatto	5253 NW 108th Avenue	O Add
		Sunrise, FL 33351	■ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
MGRM	Richard R. Allen, Sr.	12040 Jog Road, Suite 1	<b></b> Add
		Boynton Beach, FL 33437	□ Remove
		<del></del>	☐ Change
MGRM	Richard R. Allen, II	12040 Jog Road, Suite 1	<b>=</b> Add
		Boynton Beach, FL 33437	☐ Remove
			□ Change
MGR	Gina Allen	12040 Jog Road, Suite 1	<b>B</b> Add
		Boynton Beach, FL 33437	□ Remove
		<del></del>	Change
	4		D Add
			□ Remove
			☐ Change

D. If amending any o	omer information, enf	ter change(s) here:	(Allach additional shee	is, if necessary.)		
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Note: If the date inse	ed, the date must be specific	c and cannot be prior to do not meet the applicable	ate of filing or more than 90 statutory filing requirem	(optional) days after filing.) Pursu ents, this date will n	izent to 605.0207 of be listed as	7 (3)(b) the
If the record specifie (b) The 90th day at	s a delayed effective fter the record is file	ve date, but not an ed.	n effective time, at 1	12:01 a.m. on th	ie eartier of	f:
Dated Avay	Signature of	Le R O	d representative of a member	Ren	_ N 7	lo
Dunn D. B	ev / Jessica I achietto / I			<b>)</b>	/	

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Typed or printed name of signee

Filing Fee: \$25.00