

L12000118561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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OCT 04 2016
D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Academy 4 Health Boynton Beach LLC
DOCUMENT NUMBER: L 12000118561

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. George Mc Dermott
Name of Contact Person
Academy 4 Health Boynton Beach LLC
Firm/ Company
801 N. Congress Ave. #443
Address
Boynton Beach, FL 33426
City/ State and Zip Code
drgeorgephd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. George Mc Dermott at (954) 773-6857
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

 ☒ \$35 Filing Fee
☒ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

18 SEP 27 PM 1:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2018

DR. GEORGE MCDERMOTT
ACADEMY 4 HEALTH BOYNTON BEACH LLC
801 N. CONGRESS AVE., #443
BOYNTON BEACH, FL 33426

SUBJECT: ACADEMY 4 HEALTH BOYNTON BEACH LLC
Ref. Number: L12000118561

We have received your document for ACADEMY 4 HEALTH BOYNTON BEACH LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Senior Section Administrator

Letter Number: 618A00017287

RECEIVED
18 SEP 27 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ACADEMY 4 HEALTH BOYNTON BEACH, 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 _____ and assigned Florida document number L1200118561.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NONE APPLICABLE

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:

Kodjo Aluka

New Registered Office Address:

6350 West Atlantic Blvd. #5

Enter Florida street address

Margate

City

Florida

33063

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.

Aluka

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>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>Douglas C. Fields</u>	<u>801 N. Congress Ave</u>	☐ Add
		<u>Suite 443</u>	☒ Remove
		<u>BOYNTON BEACH, FL 33426</u>	☐ Change
<u>Chairman</u>	<u>Blyde Craig</u>	<u>(same)</u>	☐ Add
			☒ Remove
			☐ Change
<u>VP</u>	<u>Lynn Fowlkes</u>	<u>(same)</u>	☒ Add
			☐ Remove
			☐ Change
<u>VP</u>	<u>Robert Bishop</u>	<u>(same)</u>	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

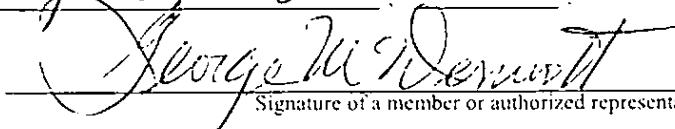
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

Sept. 16, 2018



Signature of a member or authorized representative of a member

George McDermott

Typed or printed name of signee