## LBOCO 169722

(Requestor's Name)
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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
	c Center, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Kristopher Goddard		
		Name of Person	
	Osteopathic Center, LLC		
		Firm/Company	
	3915 Biscayne Blvd, Suite	2406	
		Address	
	Miami, FL 33137		
		City/State and Zip Code	
	admin@theosteocenter.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Kristopher Goddard		865 2287289	
Name o	f Person		e Telephone Number
Enclosed is a check for t	ne 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)
<u>Mailing Addres</u>	' S:	Street Address:	
Registration S	Section	Registration Sec	etion
Division of C	•	Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, I	L 32314	2415 N. Monroo Tallahassee, FL	e Street, Suite 810 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as il now appears on our recor Liability Company)	<u>ds.</u> )			
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000168722</u> .	y were filed on December 5, 201	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3915 Biscayne Blvd				
(Principal office address MUST BE A STREET ADDRESS)	Suite 406	21			
	Miami, FL 33137	720 C			
Enter new mailing address, if applicable:	3915 Biscayne Blvd	0-10 0-10			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 406	SSE			
	Miami, FL 33137	ms u			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new register			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		lorida			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>				

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 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
MGR	Jayne Montross	4801 South University Drive	
		Suite 217	<b>=</b> Remove
		Davie, FL 33328	
MGR	Kristopher Goddard	3915 Biscayne Blvd	
		Suite 406	□Remove
		Miami, FL 33137	
			□Add
			□Remove
			202 Change
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be p  ote: If the date inserted in this block does not meet the app ocument's effective date on the Department of State's reco	plicable	ate of fili	ing or mo ry filing	re than 90 requirer	(opti days after nents, thi	<b>onal)</b> r filing.) Pu s date will	rsuant to not be	605,020 listed a
record specifies a delayed effective date, but not an effective is filed.	ve time,	, at 12:0	l a.m. o	n the car	lier of: (h	) The 90	)th day	after the
September 30 2020	·							
ated September 30 2020  Mass Signature of a member or a	authorize	d represe	entative o	of a memb	oer			_