## 14000046641

(Requestor's Name)	<u> </u>
(Address)	
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(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: **Registration Section** 

**Division of Corporations** 

SK HEALTH CENTER LLC

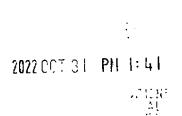
RECEIVED

SUBJECT:	Name of Lim	ited Liability Company	2022 JUL 26 AM 7:54
•		<b></b>	
			SCLACIAL TO STATE TALLAHABSEEFE
The enclosed Articles of	, , , , , , , , , , , , , , , , , , ,		
Please return all correspo	ndence concerning this matter	to the following:	
	MIN BAE		
		Name of Person	
	MIN BAE CPA INC		
	<del></del>	Firm/Company	
	9432 BAYMEADOWS RI	D STE 245	
		Address	
	JACKSONVILLE FL 322	56	
		City/State and Zip Code	
	minbae@comcast.net		
	E-mail address: (	to be used for future annual rep	ort notification)
For further information c	oncerning this matter, please co	all:	
Min Bac		904 864-2	588
Name o	f Person	Arca Code	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
<b>■</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





October 18, 2022

MIN BAE 9432 BAY MEADOWS ROAD STE 245 JACKSONVILLE, FL 32256

SUBJECT: SK HEALTH CENTER LLC

Ref. Number: L14000046641

We have received your document for SK HEALTH CENTER LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 822A00023301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SK HEALTH CENTER LLC

company has been notified in writing of this change.

2022 OCT 31 AM 10: 20

(Name of the Limited Liabi	ility Company as it now appears on our re	ecords.): (1:1:10: 20		
(A FIOR	da Limited Liability Company)	TALLANDERSIAN		
The Articles of Organization for this Limited Liability	ility Company as it now appears on our reida Limited Liability Company)  Company were filed on 03/20/2014	and assigned		
1 14000046641				
Florida document number L14000046641	<del></del> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lir	mited liability company here:			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<del></del>		
(Principal office address MUST BE A STREET ADD	DRESS)			
Enter new mailing address, if applicable:				
• • • • • • • • • • • • • • • • • • • •				
Mailing address MAY BE A POST OFFICE BOX)		<del></del>		
	<del></del>	<u></u>		
B. If amending the registered agent and/or register agent and/or the new registered office address here		nter the name of the new regist		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		Florida		
	City	, Florida		
New Registered Agent's Signature, if changing Register	red Agent:			
hereby accept the appointment as registered agen		I further garge to comply with		
nereby accept the appointment as registered agen	и ини изгее то ист ин инь сирасну.	a justifier agree to comply with		

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

If Changing Registered Agent, Signature of New Registered Agent

If amenging 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	CHRISTOPHER S SANDERS	970 BARBADOS AVE	
		ORLANDO	\exists Remove
		FL 32825	
MGR	MICHAEL G TRONOLONE	1738 N SHORE TERRACE	
		ORLAND <b>O</b>	
		FL 32804	
			□Add
			□Remove
			□Change
		<del></del>	
			□Remove
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Iffective da	ite, if other tha	in the date of ate must be speci	filing:	prior to date of f	iling or more tha	opti n 90 days afte	i <b>onal)</b> r filing.) Pr	ursuant t	o 605.0207
Note: If the	date inserted in teffective date on	this block does	not meet the a	pplicable statu	tory filing requ	irements, th	is date wi	ll not b	e listed as
		•							
record spec d is filed.	rifics a delayed et	ffective date, bu	ut not an effect	ive time, at 12:	01 a.m. on the	earlier of: (	b) The 9	Oth day	after the
Dated	JULY	19	202	2					
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	/	<b>∠</b> \ \ \							

E. 635.00

Typed or printed name of signee