

L14000154030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

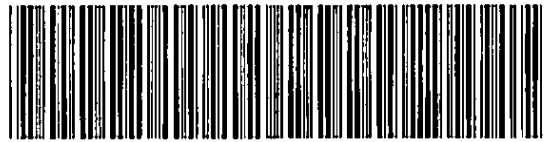
(Business Entity Name)

(Document Number)

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2021 MAR 22 PM 6:41

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CLIS
Amend

MAY 27 2021

J ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARMELLE G. CLEOPHAT, PHD, ARNP-BC PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Armelle G Osias
Name of Person

The practice of Primary Healthcare
Firm/Company

21840 SW 1st Street
Address

Dunnellon FL 34431
City/State and Zip Code

achealthprovider@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Armelle G. Osias at (352) 286-6553
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Armelle G. Cleophas, PhD, ARNP-BC, PLLC

(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 02, 2014 and assigned Florida document number L14000154030.

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)

21840 SW 1st ST
Dunnellon FL 34431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21840 SW 1st ST
Dunnellon FL 34431

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:

Armelle G Osias

New Registered Office Address:

21840 SW 1st street

Enter Florida street address

Dunnellon

City

Florida

34431

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.

Armelle G Osias

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>
MGR.	Armelle G Oslas		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		21840 SW 1 st ST Dunnellon FL 34431	<input checked="" type="checkbox"/> Change
AMBR	ERNEST N. Oslas	21840 SW 1 st Street. Dunnelle FL 34431	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR.	Julianah G Cleophas	21840 SW 1 st ST Dunnellon FL 34431	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR.	Armelle G Cleophas PhD		<input type="checkbox"/> Add
		10120 SW 45 th AVE Ocala FL 34476.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

~~Please see attached marital certificate~~
~~for name change.~~

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 605.021(7) (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 March 17, 2021.

Armel G. Osias

Signature of a member or authorized representative of a member

Armel G. Osias

Typed or printed name of signee