

L14 000169092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

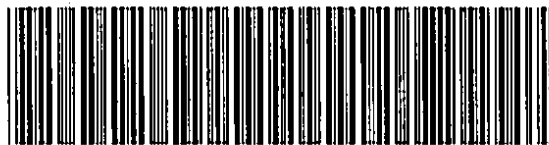
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
STATE DEPT OF REVENUE

JUL 26 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAWS 2 HEALTH, LLC

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:

CHANG BAE CHOI

Name of Person

PAWS 2 HEALTH LLC

Firm/Company

2800 N MILITARY TRAIL UNIT 123

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

MIRE6TH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHANG BAE CHOI

614

315-5950

at ()

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PAWS 2 HEALTH 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 10/30/2014 and assigned
Florida document number L14000169092.

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)

2800 N MILITARY TRAIL UNIT 123

WEST PALM BEACH, FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2800 N MILITARY TRAIL UNIT 123

WESTPALM BEACH, FL 33406

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CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

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:

CHANG BAE CHOI

New Registered Office Address:

2800 N MILITARY TRAIL UNIT 123

Enter Florida street address

WEST PALM BEACH

City

Florida 33409

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.



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	VAN ENGEL, EVE	4139 OKEECHOBEE BLVD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAG	KUMPE, SIGRID	4139 OKEECHOBEE BLVD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHONG BAE CHOI	2800 N MILITARY TRAIL UNIT	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FL 32310
S. J. HARRIS, CLERK

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

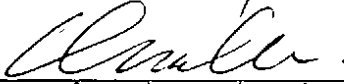
Blank lines for amending information.

E. Effective date, if other than the date of filing: 07/18/2017 (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 July 18, 2017



Signature of a member or authorized representative of a member

CHANG BAE CHOI

Typed or printed name of signee

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STATE DEPT OF FLA
TALLAHASSEE FL 32310