1150000207611

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		5/27/21 TW

Office Use Only



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21 APR -8 AMID: 31

COVER LETTER

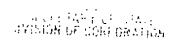
TO: Registration S Division of Co						
Mindful H SUBJECT:	ealthcare, LLC					
SOBJECT:	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub					
Please return all correspond	ondence concerning this matter	to the following:				
	Ivan Martinez					
		Name of Person				
	Mindful Behavioral Health					
Firm/Company						
	719 E Oak St		<u> </u>			
		Address				
	Kissimmee FL 34744					
	ivan@marsancpas.com	City/State and Zip Code				
		to be used for future annual report notif	ication)			
For further information (concerning this matter, please ca	all:				
Ivan Martinez		787 447-1172				
Name (of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre		Street Address:	tion			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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



21 APR -8 AH 10: 31

Mindful Healthcare, LLC

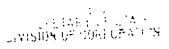
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co		015			
Florida document number L15000207611		and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	-				
(Principal office address MUST BE A STREET ADDRE	ESS)				
Takan manyang ikan addang ikan libuh la					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ds, <u>enter the name of the new registered</u>			
	Enter Florida street address				
		, Florida			
	•	Zip Code			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this cape mplete performance of my ent as provided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is			

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>	Name	Address 21 APR -8 AMIC	31 Type of Action
MGR	Ivette Charneco	717 E Oak St	□Add
		Kissimmee FL 34744	≣Remove
		.	☐ Change
			□Add
			Remove
			☐Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			DAdd
			□Remove
			☐Change
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			Remove
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ffective date, if of an effective date is loote: If the date in ocument's effective	iserted in this b	olock does no	ot meet the a	ipplicable s	statutory filing	ore than 90 da g requiremen	(optional) ys after filing. nts, this date) Pursuant to 6 will not be li	05.0207 (sted as t
record specifies a I is filed.	delayed effecti	ive date, but r	iot an effect	tive time, a	t 12:01 a.m. e	on the earlier	r of: (b) Th	ie 90th day af	ier the
March 26			2021						
ated	-]	_ ·	· · ·					
	ιx	<i>/</i>							
		Signature of	'a member o	r authorized	representative	of a member			

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Filing Fee: \$25.00