

9/20/21, 3:50 PM

Division of Corporations

L 16000149536

Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEGACY HEALING CENTER MARGATE LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACY HEALING CENTER MARGATE LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 08/10/2016 and assigned
Florida document number L16000149536.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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	Karolyn Fox	2960 N STATE RD 7 Ste. 102	<input type="checkbox"/> Add
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ben Fox	2960 N STATE RD 7 Ste. 102	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Ben Fox	2960 N STATE RD 7 Ste. 102	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove
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Dated 9.10.21

Signature of a member or authorized representative of a member

MARC EFFRON

Typed or printed name of signee

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