17000020040

÷

r

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #)	
	WAIT	MAIL
	usiness Entity Name)	
τ-	· · · · · · · · · , · · · · ,	
	ocument Number)	·····-
(5)	bedment (fumber)	
	Contractor of	Chabun
Certified Copies	Centificates of	Status
Special Instructions to	Filing Officer:	
•	-	
		ļ
	Office Use Only	
	·····	



03/29/21-+01024-+021 **25.00



5.6.

TO: Registration Section Division of Corporations

Chronic Condition Rescue, LLC SUBJECT:

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:

Jamie Moore Marcario

Name of Person

Brava Business Law, PLLC

Firm/Company

2260 5TH AVENUE SOUTH, SUITE 1

Address

SAINT PETERSBURG, FL

City/State and Zip Code

eservice@bravalaw.com

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

For further information concerning this matter, please call:

Alexis Brasseur

Name of Person

727 300-1990 at (_____) ____ Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & ØŊ Certified Copy (additional copy is enclosed) (additional copy is ended) MAR 29 Mailing Address: Street Address: $; \Pi$ \geq **Registration Section Registration Section Division of Corporations** Division of Corporations ·** . ထ္ P.O. Box 6327 The Centre of Tallahassee ក្ត Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chronic Condition Rescue, 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 <u>January</u>, 25, 2017 and assigned Florida document number <u>L17000020040</u>.

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, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City City Code
<u>New Registered Agent's Signature, if changing Registered</u> I hereby accept the appointment as registered agent i	agree to act in this capacity. I further agree to comply-with the
provisions of all statutes relative to the proper and co accept the obligations of my position as registered as	blete performance of my duties, and I am family ar with and t as provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability φ

If Changing Registered Agent, Signature of New Registered Agent

S

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>	Address	Type of Action
AMBR	Sarna, Shivan S	1497 Main Street	🗆 Add
		#304	🖹 Remove
		Dunedin, FL 34698	□Change
MGR	Shivan Sarna Enterprises, Incorpora	1497 Main Street	🗅 Add
		#304	= Remove
		Dunedin, FL 34698	□Change
MGR	Chronic Condition Rescue Coalition	1497 Main Street	
	Chronic Condition Rescue Coalition Inc.	#304	_
		Dunedin, FL 34698	🗆 Change
			🗆 Add
			🗆 Remove
			Change
		 	→ □Remöve → · · · · · · → □Change S
			🗆 Remove
		·	🗋 Change

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

Please remove Shivan Sama and Shivan Sama Enterprises Inc. as a MGR and AMBR respectively.

Chronic Condition Rescue Coalition, Inc. will be the sole MGR of Chronic Condition Rescue LLC.

 _	

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 605.0207 (3)(b)

(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) <u>Note:</u> 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.

P)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ¹ The 90 Head after the record is filed.

Dated <u>Ma</u>	$\frac{2021}{\sqrt{1-1}}$		A 29	
	_ Jam Min	- -	Þ	_ 0
	Signature of a member or authorized representative of a member Jamie Moore Marcario		5 5	_

Typed or printed name of signee