

L17000057657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

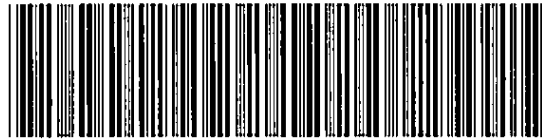
(Document Number)

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APPROVED
AND
FILED

2023 JUL 17 AM 10:38

SECRETARY OF STATE
HALL MARKS, PHOENIX

2023 JUL 17 PM 3:13

JUL 19 2023

Cumblay



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: ASPIRE HEARING AND BALANCE, LLC
Ref. Number: L17000057657

We have received your document for ASPIRE HEARING AND BALANCE, LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

Name of the registered agent does not match exactly with what is on record.

If you have any questions concerning the filing of your document, please call
(850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 823A00015924

CD

2023 JUL 19 AM 11:17

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 879035 4305390

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : July 17, 2023

ORDER TIME : 1:02 PM

ORDER NO. : 879035-005

CUSTOMER NO: 4305390

DOMESTIC AMENDMENT FILING

NAME: ASPIRE HEARING AND BALANCE,
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASPIRE HEARING AND BALANCE, 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:

Kayla Wilkins

Name of Person

Firm/Company

635 Mid-Florida Drive, Suite 2

Address

Lakeland, FL 33813

City/State and Zip Code

kwilkins@aspirehearing.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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**

ASPIRE HEARING AND BALANCE, 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 March 13, 2017 and assigned
Florida document number L17000057657.

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: COLE SCHOTZ P.C., P.A.

New Registered Office Address: 2255 GLADES ROAD, SUITE 300E

Enter Florida street address

BOCA RATON, Florida 33431

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.

Raquel S. Zeitlin

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>
AMBR	KAYLA G WILKINS	2116 OAKWOOD DR	<input type="checkbox"/> Add
		VALRICO, FL 33594	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KWTW SUNSHINE STATE GROUP, LLC	635 Mid-Florida Drive, Suite 2	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33813	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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 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.

Raquel S. Zeitlin

Raquel S. Zeitlin

Filing Fee: \$25.00