

L18 0000 21134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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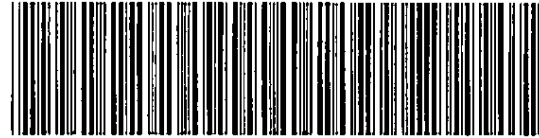
(Business Entity Name)

(Document Number)

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C. GOLDEN

FEB 20 2020

2020 JAN 24 PM 5:25

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

Proactive Health Learning Solutions, 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:

Peter Nassar

Name of Person

Proactive Health Learning Solutions, LLC

Firm/Company

3537 Crest Street

Address

Saint Augustine, Florida 32092

City/State and Zip Code

pan10@me.com

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

For further information concerning this matter, please call:

Peter Nassar

904

236-9331

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 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**

Proactive Health Learning Solutions, LLC

2021 JUN 24 PM 5:25

(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 1/23/2018 and assigned
Florida document number 118000021134.

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)

3537 Crest Street

Saint Augustine

Florida, 32092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3537 Crest Street

Saint Augustine

Florida, 32092

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:

Peter Nassar

New Registered Office Address:

3537 Crest Street

Enter Florida street address

Saint Augustine

Florida 32092

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>
AMBR	Natalie Dunlap		<input type="checkbox"/> Add
		9822 Tapestry Park Circle #207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Peter Nassar		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3537 Crest Street, St Augustine, FL (Change of address only)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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

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

Please note that Peter Nassar continues as the only member with change of address as shown above.

Please note that Adrienne C Bennett is removed as registered agent and Peter Nassar is added.

12/31/2019

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)

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.

1/21/2020

Dated _____



Signature of a member or authorized representative of a member

Peter A. Nassar

Typed or printed name of signee