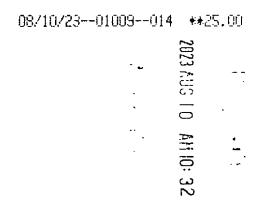
L18000040070

(Danisana)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only only Digital Dig
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootine Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
, ,





700413665387



A. PARISHANI AUG 2 7 2023

COVER LETTER

TO: Registration S Division of Co		•	
	theare of Florida, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
			2023
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	AUS
Please return all corresp	ondence concerning this matter	to the following:	2023 AUS 1 0 AM 10: 32
	Aaron Hill		AM IO
		Name of Person	32
	THC Healtheare of Florida	a, LLC	
		Firm/Company	
	150 E Robinson St, Unit 1	602	
		Address	
	Orlando, Fl. 32801		
		City/State and Zip Code	
	ajhill77@hotmail.com		
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	a11:	
Aaron Hill		850 698-2520 at ()	
Name	of Person	Area Code Daytin	ne 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 Addr		Street Address: Registration So	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 63	27	The Centre of	
Tallahassee,	. FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG 1 0 AH 10; 3

THC Healthcare of Florida, 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 $\frac{02/13/2018}{-}$ and assigned Florida document number L18000040070 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Healthcare of Florida, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1654 N Semoran Blvd, Ste 148 Enter new principal offices address, if applicable: Orlando, FL 32807 (Principal office address MUST BE A STREET ADDRESS) 150 E Robinson St, Unit 1602 Enter new mailing address, if applicable: Orlando, FL 32801 (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

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change 0.23 /
			□ <u>,</u> ,,dd
		<u> </u>	□Remove □ □ □6hange 2
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[□Change
			DAdd
			□Remove
			□Change

						
						21
					<u>.</u>	202) אניפ
						<u> </u>
						0
						HN-
						— ခဲ့ ယ
						<u>3</u>
		<u> </u>		. —		
ective date, if other than the effective date is listed, the date mete: If the date inserted in this lument's effective date on the	ist be specific and block does not n	l cannot be prior to neet the applical	o date of filing or ble statutory fil	more than 90 days	ptional) after filing.) Pursu this date will n	ant to 605.020 of be listed a
cord specifies a delayed effect s filed.			ne, at 12:01 a.n	n, on the earlier of	i: (b) The 90th	day after the
ed August 8		2023	_ •			
		<u> </u>				
			ized representati			

Filing Fee: \$25.00