

218000099964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

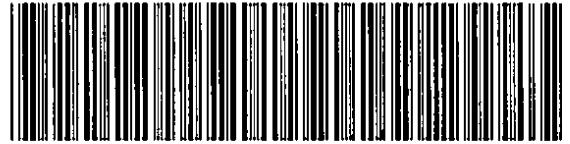
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP -4 AM 5:03

N COOPER

SEP 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Receive Health, LLC

Receive Health, 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:

CarisaA. Jones

Name of Person

ReceiveJoy, LLC

Receive Joy, LLC
Firm/Company

1740 Persimmon Drive

1740 Persimmon Drive

Address

Naples, FL 34109

City/State and Zip Code

ask@receivejoy.com

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

For further information concerning this matter, please call:

Carisa Jones

239

4501240

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Receive Health, 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 04/20/2018 and assigned
Florida document number L18000099964.

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:

Persimmon Drive
1740 Persimmon Drive

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34109

Enter new mailing address, if applicable:

Persimmon Drive
1740 Persimmon Drive

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34109

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:

Carisa A. Jones

New Registered Office Address:

1740 Persimmon Drive

Enter Florida street address

Naples

City

Florida

34109

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.

Carisa A Jones

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	Receive Joy, LLC, Sylvia Lehmann	1740 Persimmon Drive	<input checked="" type="checkbox"/> Add
	Receive Joy, LLC Sylvia Lehmann	Naples, FL 34109	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Receive Joy, LLC, Carisa A. Jones	(add Receive Joy, LLC to Carisa Jones' name)	<input type="checkbox"/> Add
	Receive Joy, LLC Carisa A. Jones	(add the middle initial A)	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Harmony of Health LLC, Skaidre Bowman	(add Harmony of Health LLC to Skaidre Bowman's name)	<input type="checkbox"/> Add
	Harmony of Health LLC, Skaidre Bowman		<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Love 4 Humanity LLC, Vilma Jennings	27835 S Tamiami Trail	<input type="checkbox"/> Add
	Love 4 Humanity LLC Vilma Jennings	Bonita Springs, FL 34134	<input type="checkbox"/> Remove
		(change address and add Love 4 Humanity LLC to Vilma Jennings)	<input checked="" type="checkbox"/> Change
AMBR	Patricia Seixas	740 Coral Drive	<input type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove
		(change of address)	<input checked="" type="checkbox"/> Change
	Patricia Seixas		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please add EIN 82-5316053

Please add EIN

18 SEP -4, AM 5:03
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Dated August 31, 2018.

Carisa A Jones

Signature of a member or authorized representative of a member

CarisaA. Jones

Carisa A Jones

Typed or printed name of signee