

18000181269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

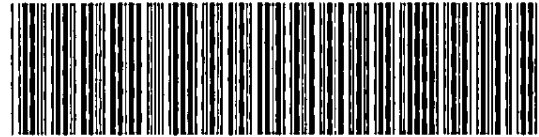
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700371408227

08/11/21--01010--034 **60.00

2021 AUG 11 PM 2:03

1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Discovery Health Zone, 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:

Stacey N Harder
Name of Person

Discovery Health Zone, LLC
Firm/Company

7956 Dawsons Creek Drive
Address

Jacksonville, FL 32222
City/State and Zip Code

staceyarker@yahoo.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey Harder at (904) 955-7575
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Discovery Health Zone, 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 8/5/21 and assigned Florida document number L18000181269.

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)

101 West 48th St
Suite #7
Jacksonville, FL 32209

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7956 Dawsons Creek Drive
Jacksonville, FL 32222

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

City, **Florida** 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	Cynthia Burke	5532 Community Oaks Ct	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Asiew B. Mitchell	7956 Dawsons Creek Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32222	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	India B. Mitchell	795 Dawsons Creek Drive	<input type="checkbox"/> Add
		Jacksonville, FL 32222	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2091 AUG 11 PM 2:03

2091 AUG 11 PM 2:03

(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.

Dated August 5, 2021

Signature of a member or authorized

Signature of a member or authorized representative of a member

Stacey M Harden
Typed or print

Typed or printed name of signee

Filing Fee: \$25.00