L18000186396

(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



900338999329

01/13/20--01011--030 +*25.00

21:2 114 51 15:17

0 0012711 (12-0223

COVER LETTER

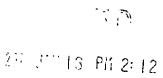
Tallahassee, FL 32314

TO:	Registration So Division of Cor					
eun icz		tners Health and Wellness, LLG	3			
SUBJEC	UI:	Name of Lim	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Michael Donaghy				
			Name of Person	.		
		Florida Partners Health and	d Wellness, LLC			
			Firm/Company			
		600 8th Avenue, West, Sui	te 303			
			Address			
		Palmetto, FL 34221				
						
		mike@oxsof.com				
			to be used for future annual report noti	fication)		
For furth	ner information o	concerning this matter, please ca	all:			
Michael Donaghy		727 304-8003 at ()				
	Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed	d is a check for t	he following amount:				
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:			
	Registration		Registration Se			
	Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Florida Partners Health and Wellness, 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 I Florida document number 1.18000186396	iability Company	were filed on	8/03/2018 and assigned		
This amendment is submitted to amend the foli	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applie	600 8th Avenue, West, Suite 303				
(Principal office address MUST BE A STREE	Palmetto, FL 34221				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)	600 8th Avenue, West, Suite 303 Palmetto, FL 34221			
B. If amending the registered agent and/or agent and/or the new registered office addre	.,	address on our reco	rds, enter the name of the new regis		
Name of New Registered Agent:	Name of New Registered Agent: Michael Donag				
New Registered Office Address:	600 8th Avenu	e, West, Suite 303			
<u> </u>		Enter Florida	street address		
	, Palmetto,		Florida ³⁴²²¹		
			Zip Code		

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>	Address	Type of Action
MGR	Linda M. Scavuzzo	1642 Hobbit Road	□Add
		Dunedin, FL 34698	■Remove
			☐ Change
MGR	Michael Donaghy	600 8th Avenue, West, Suite 303	■Add
		Palmetto, F1, 34221	□Remove
			□Change
			□Add
			[]Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Сһалде

				 				-
								_
								_
								_
						· · · · · · · · · · · · · · · · · · ·		_
								_
								_
								-
	·····		· · · · · · · · · · · · · · · · · · ·					-
								_
								_
								_
		·						-
			<u> </u>					-
								_
								_
Note: If the c	e, if other than the ate is listed, the date mus ate inserted in this bl Tective date on the D	ock does not n	neet the applic	able statutory	g or more than 9 of filing require	optiona (optiona) (optiona) (optiona) (optional) (optio	l) g.) Pursuant to 60 te will not be lis	05.0207 sted as (
e record speci ord is filed.	ies a delayed effectiv	e date, but not	an effective t	ime, at 12:01	a.m. on the ca	rlier of: (b)	The 90th day afte	er the
Januar Dated	9		2020	·				
	1							
		Signature of a	member or auth	orized represer	ntative of a mem	ber		
\$ a.	atomat Domain to							
M:	chael Donaghy			ed name of sig				

Filing Fee: \$25.00