L18000233007

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COVER LETTER

	gistration Se sision of Co						
SUBJECT:	ISLAND F	AMILY HEALTH, LLC					
ocare.		Name of Lir	nited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		STEVEN M. LABRET, E	SQ.				
		**************************************	Name of Person				
		STEVEN M. LABRET, P					
			Firm: Company	••			
		501 NORTH MAGNOLIA	A AVENUE, SUITE A10B			۔ ۱۰ ن.	
			Address			ر نی	
		ORLANDO FL 32801			Signal Signal Signal		•
			City/State and Zip Code			9	;
		STEVE@LABRETLAW.C				AiH 9: 41	
		E-mail address: (to be used for future annual report notif	ication)	1.11	_	
For further in	ilormation c	oncerning this matter, please c	all:				
STEVEN M	LABRET,	ESQ.	407 422-5819 at ()				
	Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is a	check for th	ne following amount:					
∐ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Centified C	of Status		
Reg	ling Addres	Section	Street Address: Registration Sec				
DIV	ision of C	orporations	Division of Corp	porations			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEAMO I AMILI TENLITA, LEC	
(Name of the Limited Liability Compa	n as it now annears on our
(A Classical Control)	T. Tr. 7

Crame of the Limi	(A Florida Limited Lianili	it now appears on our reco y Company)	ords.		
The Articles of Organization for this Limited L Florida document number L18000233007	.iability Company were	filed on OCTOBER 02.	. 2018	and assigned	
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name of	of the limited liability o	ompany here:			
The new name must be distinguishable and contain the v	words "Limited Liability Co	mpany," the designation "LI	I.C" or the abbres	ation "L.L.C."	_
Enter new principal offices address, if applie	cable:			• • •	
(Principal office address MUST BE A STREE	ET ADDRESS)				
-				. 1	_
					.
Enter new mailing address, if applicable:			phation "LLC" or the abbreviation "L.L.C." The second of the new registered activ. I further agree to comply with the duties, and I am familiar with and oter 605, F.S. Or. if this document is onfirm that the limited liability		
(Mailing address MAY BE A POST OFFICE	amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." r new principal offices address, if applicable: acipal office address MUST BE A STREET ADDRESS)				
	<u>,</u>			#	
agent and/or the new registered office addre	ss here:		er the name of	the new regis	tered
New Registered Office Address:	260 NORTH TROPIC	TAL TRAIL, SUITE 105			registered
		Enter Florida street addr	7755		
	MERRIT ISLAND	, F	lorida 32953		
		iti.	7.	p Code	_
New Registered Agent's Signature, if changing i	Registered Agent:				
provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the t	er and complete perfo stered agent as provid registered office addro change.	rmance of my duties, a led for in Chapter 605	and I am famil , F.S. Or, if the hat the limited	iar with and is document i liability	

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>	Name	<u>Address</u>	Type of Action
MGR	RHONDA A. RIVERS	260 NORTH TROPICAL TRAIL, SUITE 105	
		MERRIT ISLAND, FL 32953	=Remove
			DChange
			□Add
			ПСетюче
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