

L190000 20531

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2019 MAY 29 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FL

LLC
Amend.
05/29/19
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2019

ANA K. ESPINOSA
KARINA THERAPEUTIC SERVICES LLC
4063 COLLE DR.
LAKE WORTH, FL 33461

SUBJECT: KARINA THERAPEUTIC SERVICES LLC
Ref. Number: L19000020531

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT SUBMITTED CANNOT BE FILED TO MAKE CHANGES IN THE MANAGERS/MEMBERS/AUTHORIZED PERSONS OF A LIMITED LIABILITY COMPANY. ENCLOSED IS THE CORRECT FORM FOR MAKING THESE CHANGES.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

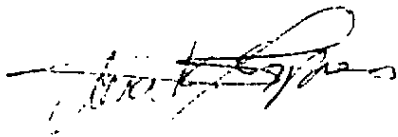
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 119A00010111

To Whom It My Concern,

Please amend authorized person to myself Ana K. Espinosa, I am the CEO of the corporation "Karina Therapeutic Services LLC". Please return all correspondence concerning this matter to the fallowing address. 4063 Colle Dr. Lake Worth FL 33461. See details on the amendment.

A handwritten signature in black ink, appearing to read "Ana K. Espinosa", with a horizontal line drawn through the middle of the signature.

05/01/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KARINA Therapeutic Services 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:

Ana K. Espinosa
Name of Person

KARINA Therapeutic Services LLC
Firm/Company

4063 colle Drive
Address

Lake Worth FL 33461
City/State and Zip Code

anakarina58@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana K. Espinosa at (561) 876 8876
Name of Person 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

FILED
2019 MAY 29 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KARINA therapeutic Services 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 01/18/2019 and assigned
Florida document number L19000020531.

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)

Enter new mailing address, if applicable:

(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

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 | ANA K. ESPINOSA | 4063 COLLE DRIVE LAKE WORTH FL 33046 | <input checked="" type="checkbox"/> Add |
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(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.

Signature of a member or authorized representative of a member

ANA K. ESPINOSA

Typed or printed name of signer