

L1900000 24560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

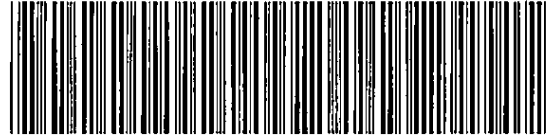
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000420427390

12/27/23--01003--020 **25.00

RECEIVED

2023 DEC 27 AM 9:15

NOTICE OF SALE
OFFICE OF THE CLERK
OF THE CIRCUIT COURT
IN AND FOR FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Evernia Health Center, 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:

Shawn Leon

Name of Person

American Treatment Holdings Inc

Firm/Company

950 Evernia Street

Address

West Palm Beach, FL 33401

City/State and Zip Code

shawn@ethemahealth.com

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

For further information concerning this matter, please call:

Shawn Leon

416 500 0020

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
Manager	Lawrence Hawkins	950 Evernia Street	<input type="checkbox"/> Add
		100	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
Manager	Mark Korb	950 Evernia Street	<input checked="" type="checkbox"/> Add
		100	<input type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
Manager	Kate Rosborough	6176 Terra Rosa Circle	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Boynton Beach, FL 33472	<input type="checkbox"/> Change
Manager	Shawn Leon	499 Evernia Street	<input checked="" type="checkbox"/> Add
		723	<input type="checkbox"/> Remove
		West Palm Beach, FL 33401	<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

[illegible]

(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.



Shawn Leon

Typed or printed name of signee

Filing Fee: \$25.00