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COVER	LETTER
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TO: Registration Section Division of Corporations

Evernia Health Center, LLC

SUBJECT: _

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 (_____)
 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Evernia Health Center, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	<u>ny as it now appears on our records.</u>) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000024560</u>	were filed on January 23, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	<u>lity company here</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
	r
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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	Address	Type of Action
Manager	Lawrence Hawkins	950 Evernia Street	🗆 Add
		100	Remove
		West Palm Beach, FL 33401	Change
Manager	Mark Korb	950 Evernia Street	🗏 Add
		100	🗆 Remove
		West Palm Beach, FL 33401	🗆 Change
Manager	Kate Rosborough	6176 Terra Rosa Circle	
			🗆 Remove
		Boynton Beach, FL 33472	[]Change
Manager	Shawn Leon	499 Evernia Street	■ Add
		723	
		West Palm Beach, FL 33401	🗇 Change
			🗆 Add
			Remove
			[]Change
			🗆 Add
			🗆 Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

December 26	<u>2023</u>
Shawn Leon	Signature of a member or authorized representative of a member

Typed or printed name of signee