## L19000114149

Office Use Only



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## **COVER LETTER**

SUBJECT:	Name of Limit	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	DR KETTIA CADET CHE	RENFANT	
		Name of Person	<del></del>
	ADVENTI HEALTH & W	ELLNESS CENTER LLC	
	<u></u>	Firm/Company	
	1410 N PINE HILLS RD		
		Address	
	ORLANDO FL 32808		
		City/State and Zip Code	<del></del>
	KETTICHA@HOTMAIL.C		
		o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	ill:	
DR KETTIA CHERENE	ANI	321 246 5358 at ( )	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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 Addres	<u>is:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

ADVENT HEALTH & WELLNESS CENTER 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  $\frac{04/26/2019}{1}$ and assigned Florida document number L19000114149 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ADVENTI HEALTH & WELLNESS CENTER LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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)  $\sim$ 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 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>	Address	Type of Action
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f an ef Note:	tive date, if other than the date of filing:  [Coptional]  [Coptional]
reco d is f	rd 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 iled.
	Augus Ochher 12. 2020.
Dated	(Rock)
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00