

L19000 193043

(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



30033431468

09/18/19-19005--034

2019 SEP 18 AM 11:15

C. GOLDEN

OCT -2 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Drop Advisory Counsel 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:

Anthony Competelli

Name of Person

Drop Advisory Counsel

Firm/Company

1 Beach Drive Unit 1508

Address

St. Petersburg FL 33701

City/State and Zip Code

Competelli35@gmail.com

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

For further information concerning this matter, please call:

Anthony Competelli

813

786-4515

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

SEP 18

Drop Advisory Counsel LLC

2019 SEP 18

(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 7/29/19 and :
Florida document number L19000193043.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

National Health Group LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1 Beach Drive

Unit 1508

St. Petersburg FL 33701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1 Beach Drive

Unit 1508

St. Petersburg FL 33701

B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/> /
		_____	<input type="checkbox"/> F
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Adc
		_____	<input type="checkbox"/> Ren
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Ren
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Char

Lined area for text entry.

September 28, 2019

E. Effective date, if other than the date of filing: _____ (optional)

(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 6

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear
(b) The 90th day after the record is filed.

Dated September 15, 2019



Signature of a member or authorized representative of a member

Anthony Competelli

Typed or printed name of signee