

L19000200479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

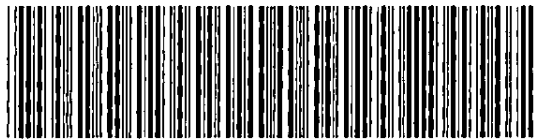
(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/23--01033--003 **30.00

FILED
23 OCT -3 AM 8:10
CLERK OF SUPERIOR COURT
JULIA A. STEPHENSON, Probate

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive Integrative Health Care 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:

Janice Morrison
Name of Person
Comprehensive Wound Management LLC
Firm/Company
4346 Daffodil Cir S.
Address
PBC FL 33410
City/State and Zip Code
jdkmorrison@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Morrison at (561) 541 2536
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
23 OCT -3 AM 8:10
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Comprehensive Integrative Health Care 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 _____ and assigned
Florida document number L19000200479.

This amendment is submitted to amend the following:

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

Comprehensive Wound Management 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)

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:

Janice Morrison

New Registered Office Address:

4346 Daffodil Cir S

Enter Florida street address

PBC

Florida

33410

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.

Janice Morrison

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>
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_____ ☐ Add

[Remove](#)

_____ ☐ Change

_____ ☐ Add

[Remove](#)

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[Change](#)

_____ ☐ Add

[Remove](#)

_____ ☐ Change

_____ ☐ Add

Remove

_____ ☐ Change

_____ ☐ Add

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

CT brain

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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 earlier of: (b) The 90th day after the record is filed.

Dated

October 2, 2023

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

C. Morrison