

L19000220043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

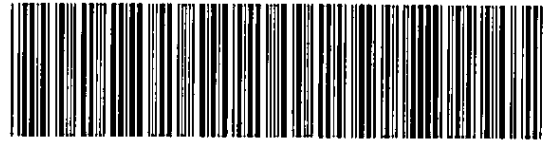
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800334939018

10/02/19--01003--004 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 OCT -2 AM 9:38

FILED

V. SULKER

OCT 18 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Flourish Family Health Network

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:

Samantha Noah

Name of Person

Flourish Family Health Network

Firm/Company

176 SW Bradenton Way

Address

Fort White, FL 32038

City/State and Zip Code

sam@flourishhealthnetwork.com

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

For further information concerning this matter, please call:

Samantha Noah

386 365-3449

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Flourish Family Health Network 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 August 28, 2019 and assigned
Florida document number L19000220043.

This amendment is submitted to amend the following:

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

Flourish Health Network LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1330 NW 6th Street, Suite A
(Principal office address MUST BE A STREET ADDRESS) Gainesville, FL 32601

Enter new mailing address, if applicable: 1330 NW 6th Street, Suite A
(Mailing address MAY BE A POST OFFICE BOX) Gainesville, FL 32601

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

Name of New Registered Agent:
New Registered Office Address: 1330 NW 6th Street, Suite A
Enter Florida street address
Gainesville, Florida 32601
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

!

MGR = Manager

AMBR = Authorized Member

[illegible]

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

To clarify changes:

① Principal and mailing addresses changed

② Registered office address changed

③ Authorized member added

④ Name of LLC amended

Noah APRN

September 20, 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 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 September 30, 2019

Noah APRN

Signature of a member or authorized representative of a member

Samantha Noah, APRN

Typed or printed name of signee