

L19000220043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

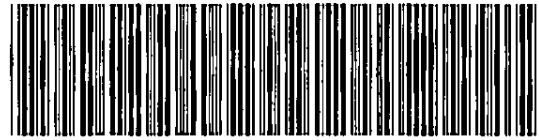
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/18/19--01015--016 **25.00

FILED
2020 JAN 31 AM 8:17
SEC. OF STATE
TALLAHASSEE, FLORIDA

Y SULKER
JAN 31 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2020

FLOURISH HEALTH NETWORK LLC
1330 NW 6TH STREET SUITE A
GAINESVILLE, FL 32601

SUBJECT: FLOURISH HEALTH NETWORK LLC
Ref. Number: L19000220043

We have received your document for FLOURISH HEALTH NETWORK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 320A00000399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flourish 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:

Jennifer Conlon, APRN
Name of Person

Flourish Health Network
Firm/Company

1330 NW 6th Street Suite A
Address

Gainesville, FL 32601
City/State and Zip Code

admin@flourishhealthnetwork.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Conlon at (352) 448-6800
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: check for \$25.00 already received

- | | | | |
|---|--|--|--|
| <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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Flourish Health Network

(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 8/28/19 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 PLLC

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:

(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:

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

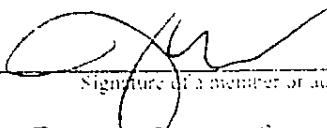
★ Changing / Amending From LLC to PLLC

We are a primary care practice providing medical services. Our business attorney advised us that we need to be listed as a PLLC.

E. Effective date, if other than the date of filing: 10/14/2019 (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 605.02(c)(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 2:00 a.m. on the earlier of (a) The 90th day after the record is filed

Dated 12/31 2019



Signature of a member or authorized representative of a member

Jennifer Carlson

Typed or printed name of signer