

L19000261423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

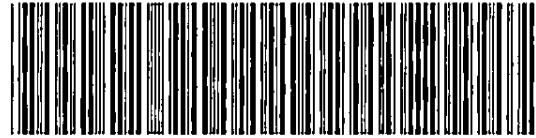
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200376226182

2021 NOV 15 AM 9:44
RECEIVED
TALLAHASSEE, FLORIDA

11/15/21--01005--018 **30.00

RECEIVED
2021 NOV 15 AM 9:35
TALLAHASSEE, FLORIDA

A. BUTLER

NOV 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Believe Health Care
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:

Roselyn Torres Riera
Name of Person

Firm/Company

524 13th Street
Address

St. Cloud FL 34769
City/State and Zip Code

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

For further information concerning this matter, please call:

Roselyn Torres Riera at (407) 338-1760
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 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

Believe Health Care

(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 10-17-2019 and assigned Florida document number L19000261423

This amendment is submitted to amend the following:

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

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)

524 13th Street
St. Cloud FL 34769

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1010 Humosa way
Kissimmee FL 34744

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

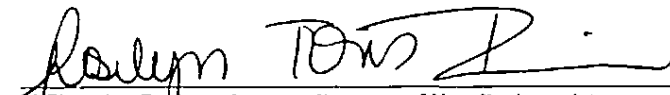
Florida

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.


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>
--------------	-------------	----------------	-----------------------

_____ ☐ Add

[Remove](#)

☐ Change

☐ Add☐ Remove

☐ Change

☐ Add

☐ Remove

_____ ☐ Change

☐ Add

[Remove](#)

☐ Change

☐ Add

[Remove](#)

_____ ☐ Change

☐ Add

☐ Remove

☐ Change

[illegible]

(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)

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 _____, _____

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Roselyn Toms Riera
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00