

L19000 282 420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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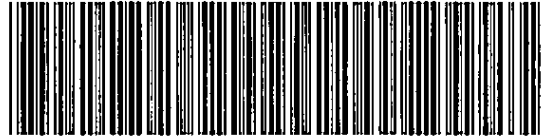
(Business Entity Name)

(Document Number)

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19 DEC -6 PM 3:45
STATE
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

JAN 13 2020
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 360 Health Services LLC
Name of Limited Liability Company

FILED
DIVISION OF CORPORATIONS
19 DEC -6 PM 3:45

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. Pawlak
Name of Person

RX Licensing + Accred
Firm/Company

10294 Wellington Parc Dr
Address

Wellington FL 33449
City/State and Zip Code

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

For further information concerning this matter, please call:

Christina Pawlak at (561) 215 5067
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**

360 Health Services LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Division of State Administration
19 DEC -6 PM 3:45

The Articles of Organization for this Limited Liability Company were filed on 11/13/2019 and assigned
Florida document number L191000282420

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)

4651 N St Rd 7
Ste 8
Coral Springs FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4651 N St. Rd 7
Ste 8
Coral Springs FL 33073

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

City, Florida 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

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>
MGR	Leverage Management Solutions LLC	20423 St Rd 7 Boca Raton FL 334198	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Nicholas Pape	4651 N St Rd 7 Ste 8 Coral Springs FL 33073	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Nicholas Jenkins	4651 N St Rd 7 Ste. 8 Coral Springs FL 33073	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

