

L19 000 296 351

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

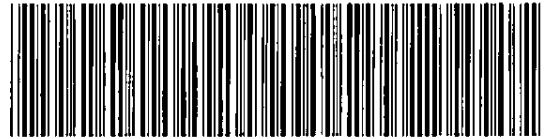
(Business Entity Name)

(Document Number)

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05/08/24--01030--013 **25.00

FILED
2024 MAY -8 PM 3:08
SECURITY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unity Advanced Healthcare & wellness, PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie Voline Duclair
Name of Person

Unity Advanced Healthcare & wellness, PLLC
Firm Company

7750 O'Keechabee BLVD, Ste 8
Address

West Palm Beach, FL 33411
City, State and Zip Code

mdclair@hotmail.com
E-mail address to be used for future annual report notification

For further information concerning this matter, please call:

Marie Duclair
Name of Person

561-568-2739
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
<small>additional copy is enclosed</small> | ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
<small>additional copy is enclosed</small> |
|---|--|---|---|

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

Unity Advanced Healthcare & Wellness, PLLC
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 L 19000296351

This amendment is submitted to amend the following:

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

Unity Advanced Healthcare and wellness, PLLC
The new name must be distinguishable and contain the words "Limited Liability Company" or the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

FILED
2024 MAY - 8 PM 3:08
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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:

N/A

Enter Full Name

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			_ Add
			_ Remove
			_ Change
			_ Add
			_ Remove
			_ Change
		N.A.	_ Add
			_ Remove
			_ Change
			_ Add
			_ Remove
			_ Change
			_ Add
			_ Remove
			_ Change
			_ Add
			_ Remove
			_ Change

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

N/A

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 6-15b(207)(3)(c).

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

Signature of a member or authorized representative of a member
Marie Voline Duclair

Typed or printed name of signer