

L200000 25581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

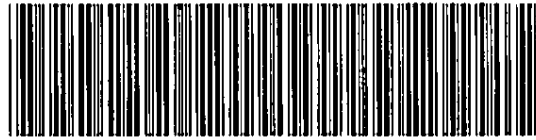
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/24/20--01037--031 **90.00

FILED
2020 FEB 24 PM 4:20
SECRETARY OF STATE
HALL OF RECORDS

cc/ccs
Amend Name
chg

MAR 17 2020
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Clinic 2 you health care network, LLC
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:

Gilbert Jean Louis
Name of Person

Clinic 2 you health care network
Firm/Company

6692 waverly lane
Address

Lake worth FL 33467
City/State and Zip Code

Gjeanlouis2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gilbert Jean Louis at (561) 667 4092
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**

Clinic 2 you Health care 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 01-21-2020 and assigned Florida document number L200 000 25 587

This amendment is submitted to amend the following:

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

Clinic 2 you, Health care 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:

(Principal office address MUST BE A STREET ADDRESS)

6692 waverly lane
Lakeworth FL 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

131 Newberry lane
Royal PALM Beach FL 33414

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:

Gilbert Jean Louis

New Registered Office Address:

6692 waverly lane

Enter Florida street address

Lakeworth FL, Florida 33467
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

FILED
JAN 24 4:24 PM '20
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

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>
<u>MGR</u>	<u>Edzer Desarmes</u>	<u>11451 silk carnation way</u>	<input type="checkbox"/> Add
		<u>Royal Palm Beach FL 33411</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Gilbert Jean Louis</u>	<u>6692 waverly lane</u>	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Edzer Desarmes</u>	<u>11451 silk carnation way</u>	<input checked="" type="checkbox"/> Add
		<u>Royal Palm Bch, FL</u>	<input type="checkbox"/> Remove
		<u>33411</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Emeline Metellus</u>	_____	<input type="checkbox"/> Add
	<u>4590 Davis Road</u>	_____	<input checked="" type="checkbox"/> Remove
	<u>Wake worth FL 33463</u>	_____	<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

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

Please operate those amendments
① Edzer Desarmes Manager (Remove)
Gilbert Jean Louis Manager (add) -
Add Edzer Desarmes as an authorized
Member. Remove Emerline Metellus as
authorized member. G.S.

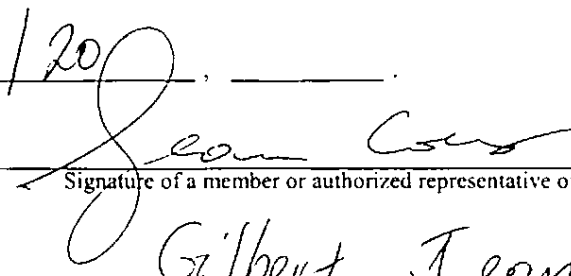
E. Effective date, if other than the date of filing: 02/20/2020 (optional)

(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 02/20/20


Signature of a member or authorized representative of a member

Gilbert Jean Louis
Typed or printed name of signee