

LZC0000C38715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

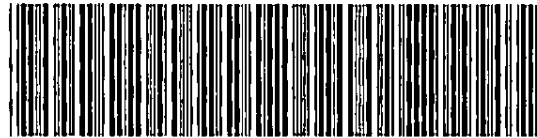
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200357043762

01/04/21--01025--015 ++\$0.00

FEB 12 2021
S. YOUNG

FILED
2021 JAN -4 PM 6:17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Comprehensive Care Advantage, 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:

John Cordia

Name of Person

Comprehensive Care Advantage, Inc.

Firm/Company

13899 Biscayne Boulevard, Ste 141

Address

North Miami Beach, Florida 33181

City/State and Zip Code

jcordia@myadvantageccare.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Cordia

754 204-5864

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <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 checked="" 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**

Florida Comprehensive Care Advantage, 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 February 03, 2020 and assigned
Florida document number L20000038715

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8910 Miramar Parkway

Ste. 312-C

Miramar, Florida 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8910 Miramar Parkway,

Ste. 312-C

Miramar, Florida 33025

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

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

[illegible]

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

1) Updating the current/existing registered agent office address as shown below:

Comprehensive Care Advantage, Inc.

13899 Biscayne Boulevard

Suite 141

North Miami Beach, Florida 33181

E. Effective date, if other than the date of filing: _____ **(optional)**

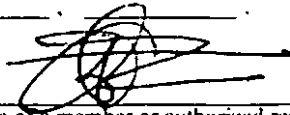
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 12/29/2020

8:00 A.M.



Signature of a member or authorized representative of a member

John O. Cordia

Typed or printed name of signee

Filing Fee: \$25.00

To Whom It May Concern

December 6, 2020

Re: Resignation Letter- Mr Brentnol Morris
Florida Comprehensive care Advantage, LLC
EIN: 84-4843204

Dear Sir. or Mme.

This letter is to certify that I, the undersigned Mr. Brentnol Morris, have willingly resigned from my position as a shareholder from Florida Comprehensive Care Advantage, LLC(FCCA), effective as of November 22nd, 2020, during the most recent meeting where I was represented by Mrs. Heather Brathwaite.

As a result of my resignation:

- All my shares, liabilities and benefits are immediately transferred to FCCA, to be used and disposed of, with respect to the articles of incorporation and all applicable state laws.
- I, the undersigned Mr. Brentnol, Morris, decline to take any types of legal actions, now and in the future, against FCCA and its shareholders, and will not hold them liable in part or whole of any personal or legal matters related to my past association with FCCA.

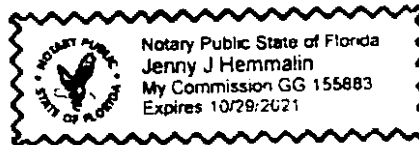
Accordingly, further steps to notarize this letter are taken to serve all legal purposes or matters.

Written on this day, November 22nd, 2020 and Notarized on ¹²11/10/2020 in Hollywood city, Broward county, Florida at 9:30 AMPM

Mr. Brentnol Morris Brentnol Morris (signature)

Notary Jenny Hemmalin

DL# M620-070-65-340-0 (State FL)
(State FL)



Notary Seal _____

my comission expires
10/29/21