

LZO 000041784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

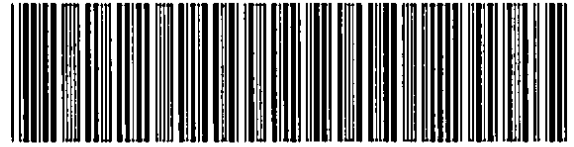
(Business Entity Name)

(Document Number)

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08/25/20--01011--019 **25.00

2020 JUN 25 AM 10:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEXX HEALTH OF WEST PALM BEACH, 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:

BRIANNA BOWES

Name of Person

NEXX HEALTH OF WEST PALM BEACH, LLC

Firm/Company

911 VILLAGE BLVD., UNIT 807

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

BRIANNABOWES@NEXXGENETICS.COM

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

For further information concerning this matter, please call:

DANIEL SOKOLOFF, CPA

954

360-8477

at ()

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

2020 04 25 11:10:21

NEXX HEALTH OF WEST PALM BEACH, 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 02/04/2020 and assigned
Florida document number L20000041784.

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:

911 VILLAGE BLVD, UNIT # 807

(Principal office address MUST BE A STREET ADDRESS)

WEST PALM BEACH, FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

DANIEL P. SOKOLOFF, CPA, PA

New Registered Office Address:

715 E. HILLSBORO BLVD, 2ND FLOOR

Enter Florida street address

DEERFIELD BEACH

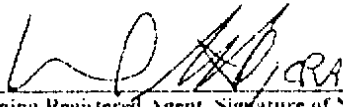
City

Florida 33441

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> |
|--------------|------------------------|-----------------------|---|
| AMBR | ROGER GOINDOO | 6531 NW 98TH DRIVE | <input checked="" type="checkbox"/> Add |
| | | PARKLAND, FL 33076 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ARMIN ALEXANDER ALFARO | 655 NE 129TH STREET | <input checked="" type="checkbox"/> Add |
| | | NORTH MIAMI, FL 33161 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[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)

Dated MAY, 2020

Typed or printed name of signee

Filing Fee: \$25.00