

L20 000 114613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

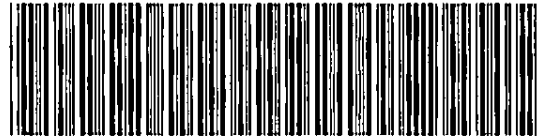
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/11/20--01014--019 \*\*25.00

20 MAY 11 AM 9:45

FEB 29 2020  
C. MONTE

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Fonda Gilbert  
220 South 13th Street  
Palatka FL 32177

910-303-1461

Fax-888-922-67040

fonda@supermindedhealth.com

May 7, 2020

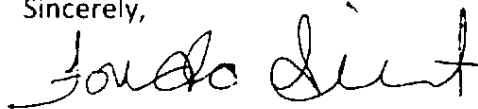
FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosure: ARTICLES OF AMENDMENT TO ARTICLES OF  
ORGANIZATION OF SIRIUS A LLC

To Whom It May Concern,

Please find enclosed the "ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION OF SIRIUS A LLC" dated May 7,  
2020 and signed by myself Fonda Roxann Gilbert. I can be  
reached at 910-303-1461 if you have any further questions.

Sincerely,



Fonda Gilbert

20 MAY 11 AM 09:14  
FONDA GILBERT  
SIRIUS A LLC

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SIRIUS A 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:

FONDA ROXANN GILBERT

\_\_\_\_\_  
Name of Person

SIRIUS A LLC

\_\_\_\_\_  
Firm/Company

220 SOUTH 13TH STREET

\_\_\_\_\_  
Address

PALATKA FLORIDA 32177

\_\_\_\_\_  
City/State and Zip Code

fonda@supermindedhealth.com

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

For further information concerning this matter, please call:

FONDA ROXANN GILBERT

910 303-1461  
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

20 MAY 11 AM 9:49  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SIRIUS A LLC

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

FILED  
20 MAY 11 AM 9:44  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on APRIL 28, 2020 and assigned  
Florida document number L20000114613.

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)**

**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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FONDA ROXANN GILBERT	220 SOUTH 13TH STREET, PALATKA FL 32177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FONDA ROXANN GILBERT	220 SOUTH 13TH STREET, PALATKA FL 32177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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.

Dated MAY 7, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee