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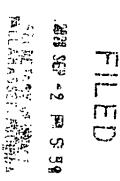
(Re	equestor's Name)	
(Ac	Idress)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
SUBJECT:	FAMILY H	OLISTIC WELLNESS LLC	,	•	
,·		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing		
			-		
ricase rettirn	an correspon	ndence concerning this matter	to the following.		
		CHRISTA LORGEAT			
			Name of Person		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		40=1 04 = 0.110= 00			
		4071 OLD CANOE CREE			
			Address		
		ST. CLOUD, FL 34769			
			City/State and Zip Code		
		FAMILYHOLISTICWELL	.NESS@GMAIL.COM to be used for future annual	report notific	ention
For further in	formation c	oncerning this matter, please c			
		meering the matter, prease e		• 00.45	
CHRISTA L				2-9845	Telephone Number
	Name of	`Person	Area Code	Daytime '	Telephone Number
Enclosed is a	check for th	c following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is enc		☐ S60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
Mai	ling Address	:	Street A	ddress:	
Reg	istration S	ection	Registr	ation Sect	
		orporations		n of Corpo	
P.O	. Box 632°	1	The Ce	ntre of Tal	Hanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida Limited	d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000200337</u>	ny were filed on 07/31/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
PREMIER HEALTHCARE CENTRE LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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 agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	Enter Florida street a	ddress
		, Florida
	-	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my dutie provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	CHRISTA LORGEAT	PO BOX 701080	
		ST. CLOUD, FL 34770-1080	□Remove
		· · · · · · · · · · · · · · · · · · ·	■ Change
AMBR DIEUDONNE LORGEAT	DIEUDONNE LORGEAT	PO BOX 701080	
		ST. CLOUD, FL 34770-1080	Remove
			□ Change
			
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
		 	□Remove
			Change
			□Add
	 	Remove	
			□Change
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi	ve date, if other than the date of filing:
he record ord is fil	I 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 ed.
Dated .	AUGUST 30TH 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00