

L20000212724

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(Business Entity Name)

(Document Number)

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R. HUNT

02/27/25

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A2Z mobile fistula, Ostomy & Wound Services 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:

Leslie Wattkis  
Name of Person

A2Z mobile fistula, ostomy & wound services - LLC  
Firm/Company

15322 92<sup>ND</sup> Court North  
Address

West Palm Beach FL 33412  
City/State and Zip Code

LAW0766@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Wattkis at ( 561 ) 814-8700  
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**

A2Z mobile fistula, ostomy & wound services 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 July 21, 2020 and assigned  
Florida document number L20000212724.

This amendment is submitted to amend the following:

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

Leslie Wattkis  
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)

FILED	2020 Feb 27 AM 5:53
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STATE	
FL	

**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	Valerie J Brooks	6933 Palm Garden Street	<input type="checkbox"/> Add
		Jupiter Fl 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leslie Watkins	15322 92 <sup>ND</sup> Court North	<input checked="" type="checkbox"/> Add
		West Palm Beach Fl	<input type="checkbox"/> Remove
		33412	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date, if other than the date of filing: 01-21-2023 (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) this date will not be listed as the

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.

February 10, 2023



Signature of a member or authorized representative of a member

Leslie Wattkis

Typed or printed name of signee

**Filing Fee: \$25.00**

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000212724

Entity Name: A2Z MOBILE FISTULA, OSTOMY & WOUND SERVICES LLC

**Current Principal Place of Business:**

2580 METROCENTRE BLVD SUITE 1  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

15322 92 ND COURT NORTH  
WEST PALM BEACH, FL 33412

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

WATTKIS, RENNY A  
2580 METROCENTRE BLVD SUITE 1  
WEST PALM BEACH, FL 33407 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: RENNY WATTKIS

01/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name WATTKIS, RENNY  
Address 15322 92 ND COURT NORTH  
City-State-Zip: WEST PALM BEACH FL 33412

Title AMBR  
Name WATTKIS, LESLIE  
Address 15322 92ND COURT NORTH  
City-State-Zip: WEST PALM BEACH FL 33412

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: LESLIE WATTKIS

AMBR

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date