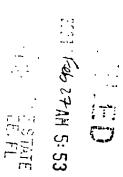
620000212721

(Requestor's Name)
(Address)
(Address)
(Addiess)
(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



100403190131



R. HUNT 02/27/27

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A22 mobile fistula O Name of Lim	Story & Wound Services LLC.
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Leslie W	4,)
428 MOBIL 415+	Firm/Company & Wand Service - LL C.
15322 92ND	Court North
_	City/State and Zip Code
E-mail address: (I	to be used for future annual report notification)
For further information concerning this matter, please ca	ilt:
Leske Wortheis Name of Person	at (561) 814-8700 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
SS \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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

(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 v	were filed on \u	y 21, 2020	and	l assigned
Florida document number 120000 212724	V	1		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here	:		
lestie Wattkis				
The new name must be distinguishable and contain the words "Limited Liability Limited Liability	ty Company," the desi	ignation "LLC" or th	he abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			<u> </u>
Trincipal office and some services		•	r · · ·	A. H. H. H.
				C. Starme
				= FF1
Enter new mailing address, if applicable:			1100	[T
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		:vi - :
				<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our rec	eords, <u>enter the</u>	name of th	e new registered
New Registered Office Address:		 		
	Enter Florid	la street address		
		, Florid	a	
	City		da	
New Registered Agent's Signature, if changing Registered Agent:	:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this corperformance of the provided for in C	ny aunes, ana 1 hapter 605, 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 = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Valerie J Brooks	6933 Palm Garden Street	□Add
		upitea F 33458 ·	≰ JRemove
			□Change
MBR	Leslie Wattkis	15322 92 NO COURT NOOTE	
		West Paly Beach Fl 33412	□Remove
ረ ታረ ነ	Las	-	□Change
Ause	Renny Hopi		□Add
			□Remove
			🗆 Add
	•		🗆 Remove
			🗆 Change
			□Add
		□Remove	
			□Change
			🗆 Add
			□Remove
			□Change

			
	•		
			
	<u> </u>		
	,		
<u> </u>			
			-
_			-
an effective date is listed. Note: If the date inserte	the date must be specific and cannot be prior to date of filed in this block does not meet the applicable statute to on the Department of State's records.	ting of more man 30 gays and mines constant	o 605.02 c listed
record specifies a delay d is filed.	yed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day	/ after tl
Dated February	16, 2023		
	Signature of a member or authorized repre	esentative of a member	_

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000212724

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

FILED Jan 27, 2023 Secretary of State 0980615433CR

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

WATTKIS, RENNY

Title

AMBR

Name

WATTKIS, LESLIE

Address

15322 92 ND COURT NORTH

Address

15322 92ND COURT NORTH

City-State-Zip:

Name

WEST PALM BEACH FL 33412

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 affect 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