

L20000212724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

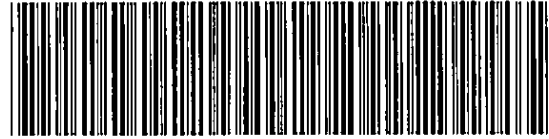
(Business Entity Name)

(Document Number)

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R. HUNT

02/27/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AZZ 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

AZZ mobile fistula, ostomy & wound services - LLC
Firm/Company ⁶²

15322 92ND 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 22 AM 5:53
CLERK OF STATE
TALLAHASSEE, 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>
<u>AMBR</u>	<u>Valerie J Brooks</u>	<u>6933 Palm Garden Street</u>	<input type="checkbox"/> Add
		<u>Jupiter Fl 33458</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Leslie Watkins</u>	<u>15322 92ND Court North</u>	<input checked="" type="checkbox"/> Add
		<u>West Palm Beach Fl</u>	<input type="checkbox"/> Remove
		<u>33412</u>	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

~~AMBR~~ ^{ENS} ^{LES} Renny Hopi

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