

L20 000214662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2020 SEP -8 AM 6:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
OCT 19 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOCRA HEALTH 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:

JIMENEZ, RAIZA

Name of Person

SOCRA HEALTH LLC

Firm/Company

409 S DIXIE HWY STE 6

Address

LAKE WORTH, FL 33460

City/State and Zip Code

mlara1120@yahoo.com

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

For further information concerning this matter, please call:

JIMENEZ, RAIZA

Name of Person

786

at ( )

Area Code

620-6948

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

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TALLAHASSEE, FL  
SEP 11 2020

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

SOCRA HEALTH 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 07/21/2020 and assigned  
Florida document number L20000214662.

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)**

409 S DIXIE HWY STE 6

LAKE WORTH, FL 33460

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

409 S DIXIE HWY STE 6

LAKE WORTH, FL 33460

**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:

409 S DIXIE HWY STE 6

*Enter Florida street address*

LAKE WORTH

*City*

Florida 33460

*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>
MGR	JIMENEZ, RAIZA	409 S DIXIE HWY STE 6	<input type="checkbox"/> Add
		LAKE WORTH FL 33460	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 2480 E 111<sup>th</sup> ST  
 TALLAHASSEE, FL 32310

100

2020SEP-8 AM 6:34  
CELL/INSTRUMENT

(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)

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.

Dated SEPTEMBER 03 2020

*Raiza Jimenez*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JIMENEZ, RAIZA

Typed or printed name of signee

**Filing Fee: \$25.00**