

L20000217846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

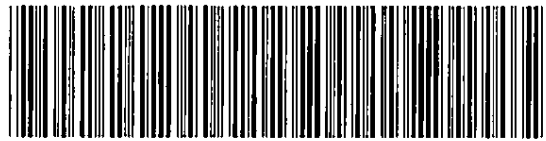
(Business Entity Name)

(Document Number)

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FILED
SEP 6 2024
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TALLAHASSEE, FL

A. HUNT
09/06/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mental Health Center of the Palm Beaches

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:

Brenna Iyampillai

Name of Person

Firm/Company

9755 Amber Chestnut Way

Address

Winter Garden, FL 34787

City/State and Zip Code

breiyam11@gmail.com

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

For further information concerning this matter, please call:

Brenna Iyampillai

561 685-7179
at ()

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**

Mental Health Center of the Palm Beaches

(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 07/23/2020 and assigned Florida document number 1.20000217846.

This amendment is submitted to amend the following:

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

Juniper Wellness, LLC

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:

9755 Amber Chestnut Way, Winter Garden, FL 34787

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

9755 Amber Chestnut Way, Winter Garden, FL 34787

(Mailing address MAY BE A POST OFFICE BOX)

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:

Brenna Iyampillai (same)

New Registered Office Address:

9755 Amber Chestnut Way

Enter Florida street address

Winter Garden

City

Florida 34787

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF INDUSTRIAL SAFETY
 1001 L STREET, SUITE 100
 SACRAMENTO, CA 95833
 (916) 227-2300
 FAX (916) 227-2301
 TDD (916) 227-2302
 WWW.DIR.CA.GOV
 10/17/21 4:17 PM

3-20-66 AM 7:21
STATE
TAMPA, FL

1260
-6 AM 7:21
OFFICE STATE
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 3 2024

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Brenna Iyampillai

Typed or printed name of signee