

# L20000226940

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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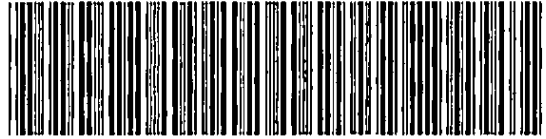
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DR BATRONY COLLEGE OF NURSING, LLC NURSING TRAINING & REVIEW CENTER  
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:

DR BATRONY BAZILME

Name of Person

DR BATRONY COLLEGE OF NURSING, LLC NURSING TRAINING & REVIEW CENTER

Firm/Company

P.O BOX 16601

Address

WEST PALM BEACH, FLORIDA 33416

City/State and Zip Code

PROPHYLAXISHEALTHMANAGEMENT@GMAIL.COM

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

For further information concerning this matter, please call:

DR BATRONY BAZILME

Name of Person

at ( )

Area Code

(561) 410-8361

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

DR BATRONY COLLEGE OF NURSING, LLC / NURSING AND TRAINING REVIEW CENTER

(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 08/06/2020 and assigned  
Florida document number L20000226940.

This amendment is submitted to amend the following:

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

PROPHYLAXIS HEALTH MANAGEMENT, LLC / NURSING & TRAINING CENTER

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)

1615 S. CONGRESS AVE SUITE 103

DELRAY BEACH FL 33445

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

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 16601

WEST PALM BEACH FL 33416

**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:

DR BATRONY BAZILME

New Registered Office Address:

1615 S. CONGRESS AVE SUITE 103

*Enter Florida street address*

DELRAY BEACH

Florida 33445

*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>
OWNER / PRESIDENT	DR BATRONY BAZILME	1565 QUAIL LAKE DR APT F-104	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	DR SHANLAY ETIENNE	301 EAST CLUB CIR APT 103	<input checked="" type="checkbox"/> Add
		DELRAY BEACH FL 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee