

L20000236179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

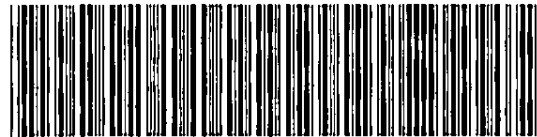
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

07/02/21

S.C.



800366444848

06/02/21--01016--008 **25.00

2021 JUN -2 A 11:24

111111

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: #1 GLOBAL HEALTH TEAM 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:

GENE STANEK

Name of Person

Firm/Company

6900 Daniels PKWY STE 29 #118

Address

FORT MEYERS, FLORIDA, 33912

City/State and Zip Code

kangengene@gmail.com

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

For further information concerning this matter, please call:

BRIAN WELCH

727 460-0319
at ()
Area Code Daytime Telephone Number

Name of Person

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**

#1 GLOBAL HEALTH TEAM 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 08/05/2020 and assigned
Florida document number L20000236179.

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)

6900 DANIELS PKWY

SUITE 29 # 118

FORT MEYERS FL 33912

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6900 DANIELS PKWY

SUITE 29 # 118

FORT MEYERS FL 33912

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:

EUGENE STANEK

New Registered Office Address:

6900 DANIELS PKWY SUITE 29 # 118

Enter Florida street address

FORT MEYERS

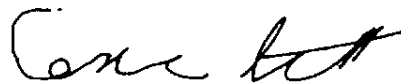
Florida 33912

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>
MGR	BRIAN WELCH	4409 HOFFNER AVE.	<input type="checkbox"/> Add
		SUITE 135	<input checked="" type="checkbox"/> Remove
		ORLANDO FL 32812	<input type="checkbox"/> Change
MGR	EUGENE STANEK	6900 DANIELS PKWY	<input checked="" type="checkbox"/> Add
		SUITE 28 # 118	<input type="checkbox"/> Remove
		FORT MEYERS FL 33912	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021

24 JUL -2 1771

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 THE 5TH DAY OF MAY 2021

[Signature]

BRIAN WELCH

Typed or printed name of signee