

L20000265353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

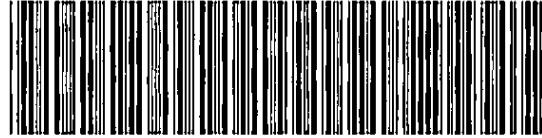
(Business Entity Name)

(Document Number)

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S. CHATHAM
SEP 30 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUL -1 PM 3:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAVI HEALTH CARE 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:

CAROL JOY BIGGS

Name of Person

TRAVI HEALTH CARE LLC

Firm/Company

1400 NE 125 STREET, SUITE 208

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

owensjoy335@gmail.com

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

For further information concerning this matter, please call:

CAROL JOY BIGGS

at (305) 301-0826

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
to
ARTICLES OF ORGANIZATION
of
TRAVI HEALTH CARE LLC

(A Florida Limited Liability Company)

The Articles of this Limited Liability Company were filed on August 26th 2020, with Effective Date of August 21st 2020 and assigned Florida document number L20000265353.

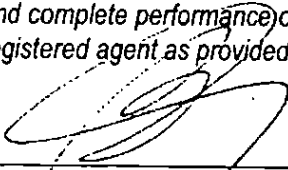
This Amendment is submitted to amend the following:

A. ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CAROL JOY BIGGS
TRAVI HEALTH CARE LLC
1400 NE 125 Street, Suite 208
North Miami, FL 33161

Having been named as registered agent and to accept service of process for the above stated limited liability company, at the place designated in this certificate, 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 relating 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.



Registered Agent's Signature

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DIVISION OF CORPORATIONS
2020
AUG 27
PM 3:09

B. PERSON(S) AUTHORIZED TO MANAGE THE LLC

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change	CEO	CAROL JOY BIGGS	1400 NE 125 Street, Suite 208
<input type="checkbox"/> Remove			North Miami, FL 33161
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Change	AMBR	ELIANIS TRAVIESO CORREA	1400 NE 125 Street, Suite 208
<input checked="" type="checkbox"/> Remove			North Miami, FL 33161
<input type="checkbox"/> Add			

The date of each amendment(s) adoption: JUNE 15TH 2022

Effective date: JUNE 15TH 2022

Adoption of Amendment

- ☒ The amendments were adopted by the members. The number of votes cast for the amendments were sufficient for approval.

Dated JUNE 15TH 2022

Signature _____



Printed Name: ELIANIS TRAVIESO CORREA

Title: AMBR/Authorized Representative

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