

h20 000270896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

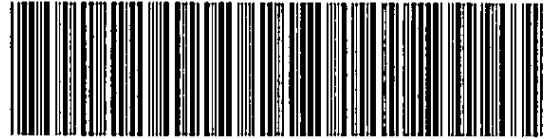
Certified Copies _____ Certificates of Status _____

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08-03-20 A 11:20

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RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 AUG -3 PM 12:17

July 21, 2021

STAVROS TRIANT
1280 S.W. 36TH AVENUE
SUITE 301
POMPANO BEACH, FL 33069

SUBJECT: RENOWN HEALTH LLC
Ref. Number: L20000270896

We have received your document for RENOWN HEALTH LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 721A00016912

2021 AUG -3 PM 11:24

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENOWN HEALTH

Name of Limited Liability Company

2021 JUN 28 PM 5:22

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stavros Triant

Name of Person

Renown Health LLC

Firm/Company

1280 SW 36th Avenue, Suite 301

Address

Pompano Beach, FL 33069

City/State and Zip Code

striant@outlook.com

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

For further information concerning this matter, please call:

Stavros Triant

Name of Person

at (623)

Area Code

826-5206

Daytime Telephone Number

113-3 All: 24

ED

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

RECEIVED
JUN 25 2021

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

RENOWN HEALTH

(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 08/31/2020 and assigned Florida document number L20000270896.

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)

1280 SW 36th Avenue

Suite 301

Pompano Beach, FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1280 SW 36th Avenue

Suite 301

Pompano Beach, FL 33069

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:

1280 SW 36th Avenue, Suite 301

Enter Florida street address

Pompano Beach

City

, Florida 33069

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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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A 11:24
11/15/24

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ALL

41
11-3
A 11-24

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 June 8, 2021

Signature of a member or authorized representative of a member

Stavros Triant

Typed or printed name of signee