Division of Corporations Electronic Filing Cover Sheet

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(((H210001399063)))



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Division of Corporations

Fax Number : (850)617-6380

Account Name : TPBS CORP Account Number : 120190000112 Phone : (786)389-2779 Fax Number : (305)356-3688

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 👸

Email Address:___

COR AMND/RESTATE/CORRECT OR O/D RESIGN NEGRIN COMMUNITY WELLNESS CENTER LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

APR Help021

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H210001399063

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEGRIN COMMUNITY WELLNESS CENTER LLC	3		
(Name of the Limited Liability Compa- (A Florida Lunited L	ny as it now appears on our rec liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number L20000343234	were filed on 11/09/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation."L.L.C."	
Enter new principal offices address, if applicable:	8410 WEST FLAGLER ST	I UNIT 215B ;	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33144	CO	
		76. E. 111	
		THE THE	
		772. =	
Enter new mailing address, if applicable:		1:1	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
Ť	Enter Florida street address		
		. Florida	
	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

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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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
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			Петоче
			Change

Effective date, if other than the date of filing: ((f) an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.020. Pole;. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
(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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated		
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