

K20000351349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

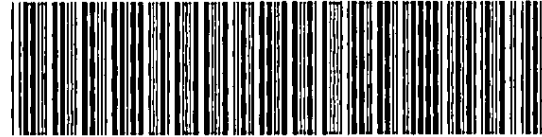
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000356206570

12/10/20--01011--015 **25.00

CLERK OF STATE
TALLAHASSEE, FL

2020 DEC 10 PM 3:04

FILED

US
1/24/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mamba Health 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:

Matthew Tolba

Name of Person

Firm/Company

28817 US Highway 19 N

Address

Clearwater, FL 33761

City/State and Zip Code

service@rxfusion.com

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

FILED
2020 DEC 10 PM 3:04
CLERK OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Matthew Tolba

727

417-1605

at (_____) _____

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 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**

Mamba Health 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 11/05/2020 and assigned
Florida document number L20000351349.

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)

28817 US Highway 19 N

Clearwater, FL 33761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

28817 US Highway 19 N

Clearwater, FL 33761

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:

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

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>
AMBR	Michael Pranpat ✓	27014 Palmetto Bend Drive	<input checked="" type="checkbox"/> Add
		Wesley Chapel, FL 33544	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Pranpat ✓	27014 Palmetto Bend Drive	<input type="checkbox"/> Add
		Wesley Chapel, FL 33544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mark Tolba ✓	1637 Eagle Creek Dr	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33764	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mark Tolba ✓	1637 Eagle Creek Dr	<input type="checkbox"/> Add
		Clearwater, FL 33764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tamer Youssef ✓	39 Sandpiper Rd	<input checked="" type="checkbox"/> Add
		Tampa, FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tamer Youssef ✓	39 Sandpiper Rd	<input type="checkbox"/> Add
		Tampa, FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 DEC 10 PM 3:04
STATE
YOUSSEF, FL

FILED
2020 DEC 10 PM 3:04
CLERK OF DISTRICT COURT
JANUARY STATE
TALLAHASSEE, FL

FILED
2020 DEC 10 PM 3:04
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

(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.

Dated December 7, 2020

[Signature]

Signature of a member or authorized representative of a member

Matthew Tolba

Typed or printed name of signee