LZ1000031364

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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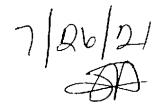
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COVER LETTER

I'O: Registration Se Division of Cor					
Sipp Health					
SUBJECT:	Name of Limi	ted Liability Company			
	Amendment and fee(s) are sub-				
Please return all correspo	Aaron J Sipp	to the following.			
		Name of Person			
	Sipp Healthcare, LLC				
Firm/Company 555 Winderley Place Suite 300					
	Maitland, FL 32751				
	priya.sipp@nursenextdoor.c	City/State and Zip Code	• • • •		
For further information of	E-mail address: (concerning this matter, please or	to be used for future annual report notific	eation)		
Aaron Sipp		689 710-1024 at ()			
Name	of Person	Area Code Daytine	Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company L21000031364 L21000031364		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility 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:	555 Winderley Place Suite 300	
(Principal office address MUST BE A STREET ADDRESS)	Maitland, FL 32751	
Enter new mailing address, if applicable:	555 Winderley Place Suite 300	
(Mailing address MAY BE A POST OFFICE BOX)	Maitland, FL 32751	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>enter the name of the new reg</u> i	
New Registered Office Address:	Enter Florida street address	
 	, Florida	
	City Zin 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

1:23

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
MGR	Fatema Sipp	8851 US HWY 19 N Apt. 2238	□ Add
		Pinellas Park, FL 33782	= Remove
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			□Add
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fective date, if other than the da n effective date is listed, the date must b	ate of filing:	ios to date of filing or mo	(optional)) -) Purcuant to 605 070
te: If the date inserted in this block	k does not meet the app	licable statutory filing	requirements, this date	will not be listed a
cument's effective date on the Dep	artment of State's record	us.		
cord specifies a delayed effective of	late, but not an effective	e time, at 12:01 a.m. or	n the eartier of: (b) Tl	ne 90th day after the
is filed.				
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ted 6-24-20	<u>021</u>			
ted 6-24-21	121 M	1		72
si	gnature of a member or au	athorized representative of	of a member	102.V-3

Filing Fee: \$25.00