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CLERK OF COURT
HONOLULU

A. BUTLER

NOV 16 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEACON 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:

ADAM HEINRICH
Name of Person
BEACON HEALTH LLC
Firm/Company
1656 MEDICAL BLVD. STE. 301
Address
NAPLES, FLORIDA 34110
City/State and Zip Code
ADAM@ABHEINRICH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM HEINRICH at (239) 682-3800
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED

BEACON HEALTH LLC

2021 NOV -8 PM 3: 54

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE

The Articles of Organization for this Limited Liability Company were filed on 2/15/2021 and assigned
Florida document number L21000075426.

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)

1656 MEDICAL BLVD.
STE. 301
NAPLES, FL 34110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1656 MEDICAL BLVD.
STE. 301
NAPLES, FL 34110

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:

1656 MEDICAL BLVD. STE. 301

Enter Florida street address

NAPLES

City

, Florida

34110

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>
<u>AMBR</u>	<u>MOLLY HEINRICH</u>	<u>1075 CAXAMBAS DRIVE</u>	<input type="checkbox"/> Add
		<u>MARCO ISLAND, FL 34145</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>STEVEN MECKSTROTH</u>	<u>1656 MEDICAL BLVD.</u>	<input checked="" type="checkbox"/> Add
		<u>STE. 301</u>	
		<u>NAPLES, FL 34110</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

11/4/21

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.

Dated NOVEMBER 4, 2021.

Adam HEINRICH

Typed or printed name of signee