# 121000075426

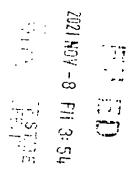
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Solvision of Co		_	
SUBJECT:	BEACON	HEALTH LLC ited Liability Company	· -
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ADA	M HEINRICH Name of Person	
		Name of teson	
	1656 MED	PICAL BLVD. ST.	E. 301
	NAPLES, F.	LORIDA 3AIIC	<u> </u>
	ADAM E-mail address: (	City/State and Zip Code  CABHEINRICH. Cotto be used for future annual report notific	ation)
For further information of	concerning this matter, please ca	all:	
ADAM	HEINZICH	at ( <u>239</u> ) <u>682 - 3</u> Area Code Daytime 1	3800
Name (	of Person	Area Code Daytime T	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)	S60.00 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

BEACON	HEALTH	WC 2	021 MOV -8 PM	3: 54
(Name of the Limited	Liability Company Florida Limited Lia	y <mark>as it now appears on o</mark> ability Company)	ur records.)	7. 74 L 37 cm
The Articles of Organization for this Limited Liab Florida document number $L2/00007542$	oility Company w	vere filed on 2//	5/2021	and assigned
	<u> </u>			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability	y Company," the designa	tion "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applical	ole:	1656 N	BEDICAL B	10
(Principal office address MUST BE A STREET	ADDRESS)	STE 301		
		NAPLES,	FL 341	10
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			SUD.
B. If amending the registered agent and/or reg agent and/or the new registered office address		ldress on our record	ls, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:	1656 N	NEDICAL BLV Enter Florida str	P. STE.	301
	NAPLE	NEDICAL BLV Enter Florida str S	, Florida	34110
		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 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
AMBR	MOLLY HEINRICH	1075 CAXAMBAS DRIVE MARCO /SLAND, FL 34/AS	□Add
		MARCO /SLAND, FL 34/AS	- <b>3</b> Remove
			Change
MGR	STEVEN MEXISTROTH	1656 MEDICAL BUD. STE. 301	<b>æ</b> Add
		NAPLES, FL 34110	□Remove
			□Change
		<del></del>	□Add
			□Remove
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te: [1	re date, if other than the date of filing:
	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
s file	
is file	d.