

121000106016

(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



800373856738

09/27/21--51021--001 --\$85.00

2021 SEP 27 PM 7:27

0 51021016

OCT 04 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IWT 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:

Devon Watkins

Name of Person

IWT Health LLC

Firm/Company

303 SE Osceola Avenue, Suite 2

Address

Ocala, FL 34471

City/State and Zip Code

dwatkins@iwthealth.com

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

For further information concerning this matter, please call:

Devon Watkins

270 854-3030
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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**

IWT HEALTH, LLC

03/04/2021 7:27

(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 03/04/2021 and assigned
Florida document number L21000106016.

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:

303 SE Osceola Avenue, Suite 102

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34471

Enter new mailing address, if applicable:

303 SE Osceola Avenue, Suite 102

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, FL 34471

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.

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2018 27 Aug 7:27

(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)
 Note: If the date entered in this block does not state a specific date, the filing is not effective.

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 September 22 2021

[Handwritten signature]

Signature of a member or authorized representative of a member

Bernard Hogan

Typed or printed name of signee

Filing Fee: \$25.00