# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENVISION HEALTH LLC

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Corporate Filing Menu

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#### **COVER LETTER**

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CUBILIZAT.	Envision He		
SUBJECT:		Name of Limited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are submitted for filing.	
Please retur	n all correspoi	ondence concerning this matter to the following:	
		Cheyenne Moseley	
		Name of Person	
		Legalzoom.com, Inc.	
		Firm/Company	
		101 N Brand Blvd 11th Fl	
		Address	
		Glendale, CA 91203	
		City/State and Zip Code	
		Amysue5586@gmail.com  E-mail address: (to be used for future annual report notification)	
For further	information co	concerning this matter, please call:	
Cheyenne 7		800 773-0888	
	Name of	at ()  Area Code Daytime Telephone Number	
Enclosed is	a check for th	he following amount:	
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Envision Health LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number 1.21000255803	were filed on 06/02/2021	and assigned
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 Liabi	lity Company," the designation "L1	.C" or the abbreviation 22 L.C."
Enter new principal offices address, if applicable:	627 North Grandview Ave.	AS I
(Principal office address MUST BE A STREET ADDRESS)	Suite 224	7 F
	Daytona Beach, Fl. 32118	<u> </u>
Enter new mailing address, if applicable:	627 North Grandview Ave.	AM 9: 1
(Mailing address MAY BE A POST OFFICE BOX)	Suite 224	10.F
	Daytona Beach, FL 32118	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street addr	P17
	. Florida	
	Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, o provided for in Chapter 605	and Lam familiar with and , F.S. Or, if this document is
If Chai	nging Registered Agent, <u>Signatur</u>	e 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>	Address	Type of Action
MGR	HARPER, AMY		□ Add
			☐ Remove
		627 North Grandview Ave., Suite 224 Daytona Beach, FL 32118	☐ Change
MGR	CRISTOFOL, FRANK		
	· · · · · · · · · · · · · · · · · · ·		Add
			☐ Remove
		627 North Grandview Ave., Suite 224 Daytona Beach, FL 32118	■ Change
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