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(((H21000281890 3)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140

Phone

: (561)844-3600

Fax Number

: (561)842-4104

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUNO BEACH INVESTMENT PROPERTIES II, LLC

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COVER LETTER #2/000 28/890 3

TO: Registration Section
Division of Corporations

SUBJECT:	JUNO BEA	ACH INVESTMENT PROPER	TIES IL LLC		
		Name of Lin	nited Liability Company		
The enclosed	i Anicles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Gregory R. Cohen, Esq.			
			Name of Person		-
		Cohen Norris Wolmer Ray	/ Telepman Berkowitz Cohen		
		 	Firm/Company		-
		712 U.S. Highway Onc, Si	uite 400		
		****	Address		200 17.5 17.5
		North Palm Beach, FL 334	108		2021 JUL 23 AM 10: 23 SECRETARY OF STATE ALL AHASSEC, FLORIDA
			City/State and Zip Code		
		KD@COHENNORRIS.CO	M		
		E-mail address: (to be used for future annual report noti	fication)	P. A.
For further is	tformation c	oncerning this matter, please c	all:		
Karin Draka	s		561 844-3600		
	Name o	f Person		e Telephone Number	·
Enclosed is a	check for th	ne following amount:			
≅ \$25.00 F	ïling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Reg Div P.O	ling Addres gistration S vision of C D. Box 632 lahassee, I	Section orporations 7	Street Address: Registration Secondinion of Cor The Centre of T 2415 N. Monro	porations 'allahassee	10

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

JUNO BEACH INVESTMENT PROPERTIES	S II, LLC		
(Name of the Limited Liability (A Florida)	Company as it now Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number 1.21000294152	mpany were filed	on JUNE 21, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability comp	any here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company	," the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
the state of the s	-		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on	our records, enter the r	same of the new registered
New Registered Office Address:	Πns	er Florida street oddress	
	2		
	Ciţ	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performan nt as provided fo	ce of my duties, and I a r in Chapter 605, F.S. (m familiar with and Or, if this document is
ī	If Changing Register	ed Agent, <u>Signature</u> of New	Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

4210002818903

Title	Name	Address	Type of Action
MGR	VinMar Health Institutes, LLC	560 Village Boulevard, Suite 365	□Add
		West Palm Beach, FL 33409	
			□ Change
MGR	MICHELLE KLINEDINST	560 Village Boulevard, Suite 365	≅.Add
		West Palm Beach, FL 33409	□Remove
			□ Change
MGR	ROBERT WAGGENER	560 Village Boulevard, Suite 365	■Add
		West Palm Beach, FL 33409	□Remove
			©Change
			□Remove
			Change
			□Remove
			☐ Change
<u>_</u>			□ Add
			□Remove
			□ Change

II amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effe Note:	ve date, if other than the date of filing:
e record rd is file	d 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 ed.
.	4/00/21
Dated .	Michelle Criclins of margine rependent Signature of a member or authorized representative of a member of
	/ 0)/
	MICHELLE KLINEDINST Typed or printed name of signee

Filing Fee: \$25.00