

K21 000 386636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

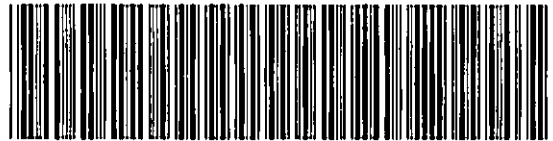
(Document Number)

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AUG 27 2022

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08/10/22 - 01012 - 012 \$25.00

FILED  
2022 JUN 10 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Adonis Blue 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:

Bridgette Doyle, RN, MSN

\_\_\_\_\_  
Name of Person

Adonis Blue Health, LLC

\_\_\_\_\_  
Firm/Company

8987 Briarwood Meadow Lane

\_\_\_\_\_  
Address

Boynton Beach Florida 33473

\_\_\_\_\_  
City/State and Zip Code

adonisbluehealth@gmail.com

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

For further information concerning this matter, please call:

Bridgette Doyle, RN, MSN

908

3776850

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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**

Adonis Blue Health, LLC

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

**FILED**  
2022 JUN 10 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/30/2021 and assigned  
Florida document number L2100386636.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.*

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

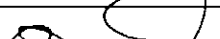
| <u>Title</u> | <u>Name</u>              | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|--------------------------|----------------------------|--|
| MGR          | Bridgette Doyle, MSN, RN | 8987 Brierwood Meadow Lane | <input type="checkbox"/> Add               |
|              |                          | Boynton Beach, Fl 33473    | <input type="checkbox"/> Remove            |
|              |                          |                            | <input checked="" type="checkbox"/> Change |
|              |                          |                            | <input type="checkbox"/> Add               |
|              |                          |                            | <input type="checkbox"/> Remove            |
|              |                          |                            | <input type="checkbox"/> Change            |
| MGR          | Nicole Zalvay N. Joseph  | 8987 Brierwood Meadow Lane | <input type="checkbox"/> Add               |
|              |                          | Boynton Beach, Fl 33473    | <input type="checkbox"/> Remove            |
|              |                          |                            | <input checked="" type="checkbox"/> Change |
|              |                          |                            | <input type="checkbox"/> Add               |
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|              |                          |                            | <input type="checkbox"/> Remove            |
|              |                          |                            | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

2022 12/01

  
Signature of a member or authorized representative of a member

Bridgette Doyle, RN, MSN  
Typed or printed name of signee