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21 NGV -1 PH12: 22

T. MATTHEWS NOV - 9 2021

COVER LETTER

TO:

	Registration Se Division of Cor				
		dical and Health Services LLC			
SUBJEC	:	Name of Limi	ted Liability Company		
The encle	osed Articles of .	Amendment and fee(s) are subt	nitted for filing.		
Please re	turn all correspo	ndence concerning this matter (to the following:		
		Lisa Flynn			
			Name of Person		
		Mindful Medical and Healt	h Services LLC		
	Firm/Company 160 NW Central Park Plaza Suite 104				
	Address				
		Port Saint Lucie, FL 34986			
			City/State and Zip Code		
		ap@mindfulhealthservices.c			
			o be used for future annua	(report notification)	
For furth	er information c	oncerning this matter, please ca	all:		
Lisa Flyi	nn			2-6852	
	Name o	f Person	at () Area Code	Daytime Telephor	ne Number
Enclosed	is a check for th	ne following amount:			
≡ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C	Section Corporations	Divisio	ration Section on of Corporation	
	P.O. Box 632 Tallahassee,			entre of Tallahas: N. Monroe Street	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 NOV - 1 PM 12: 22

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 09/10/2021	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 "LLC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable:	160 NW Central Park Plaza		
(Principal office address MUST BE A STREET ADDRESS)	Suite 104		
	Port Saint Lucie, FL 34986		
Enter new mailing address, if applicable:	160 NW Central Park Plaza		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 104	<u>-</u> -	
	Port Saint Lucie, FL 34986		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of</u>	the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zi	p Code	

New Registered Agent's Signature, if changing Registered Agent:

Mindful Medical and Health Services LLC

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 21 NOV - 1 PH 12: 22

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Travis Thames	160 NW Central Park Plaza	∃Add
		Suite 104	
		Port Saint Lucie, FL 34986	□Change
MGR	Justin Baksh	160 NW Central Park Plaza	_
		Suite 104	7.0
		Port Saint Lucie. FL 34986	□Change
MGR	Artie Laflamme	160 NW Central Park Plaza	-
		Suite 104	□Remove
		Port Saint Lucie, FL 34986	□Change
MGR	Lisa Flynn	2502 SE West Blackwell Drive	🗓 Add
		Port Saint Lucie, FL 34952	≡ Remove
			☐ Change
			□Add
			☐Remove
			☐ Change
			🖸 Add
			□Remove

<u> </u>	hange(s) here: (Attach additional sheets, if necessary.)
	21 HGV - 1 PH 12: 22
ffective date, if other than the date of filinging an effective date is listed, the date must be specific and to be specific and the date inserted in this block does not a comment's effective date on the Department of S	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 neet the applicable statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not it is filed.	t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
october 28th	. 2021
Tusa tile	m
Signature of a	member or authorized representative of a member
Lisa Flynn	

Filing Fee: \$25.00