

K21000402456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

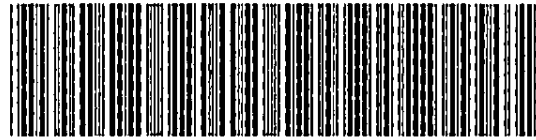
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. MATTHEWS

NOV -9 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mindful Medical and Health Services 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:

Lisa Flynn

Name of Person

Mindful Medical and Health Services LLC

Firm/Company

160 NW Central Park Plaza Suite 104

Address

Port Saint Lucie, FL 34986

City/State and Zip Code

ap@mindfulhealthservices.com

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

For further information concerning this matter, please call:

Lisa Flynn

772

812-6852

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

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

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Travis Thames	160 NW Central Park Plaza	<input checked="" type="checkbox"/> Add
		Suite 104	<input type="checkbox"/> Remove
		Port Saint Lucie, FL 34986	<input type="checkbox"/> Change
MGR	Justin Baksh	160 NW Central Park Plaza	<input checked="" type="checkbox"/> Add
		Suite 104	<input type="checkbox"/> Remove
		Port Saint Lucie, FL 34986	<input type="checkbox"/> Change
MGR	Artie Laflamme	160 NW Central Park Plaza	<input checked="" type="checkbox"/> Add
		Suite 104	<input type="checkbox"/> Remove
		Port Saint Lucie, FL 34986	<input type="checkbox"/> Change
MGR	Lisa Flynn	2502 SE West Blackwell Drive	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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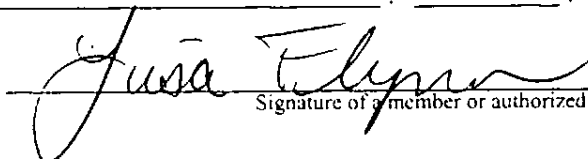
E. Effective date, if other than the date of filing: _____ (optional)

(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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 28th 2021



Signature of a member or authorized representative of a member

Lisa Flynn

Typed or printed name of signee

Filing Fee: \$25.00