Florida Department of State

Division of Cosporations

Electronic Filing Cover Shear

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000334673 3)))



H230003346733ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MAYNARD NEXSEN PC
Account Number : 120220000140
Phone : (407)647-2777
Fax Number : (407)647-2157

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NC MANAGEMENT III, LLC

SEP 22 PH 3:57

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 04

 Estimated Charge
 \$25.00

Electronic Filing Menu

Corporate Filing Menu

S Help SEP 2 5 7.73

H230003346733 **COVER LETTER**

TO: Registration Section

Div	iston of Cor	porations		
SUBJECT:	NC Manage	ment III, LLC		
CODOLCI.		Name of Lin	nited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter		
		Brian A. Mills, Esquire		
			Name of Person	
		Maynard Nexsen PC Com	oration	
			Firm/Company	· •
		200 East New England Av	enue, Suite 300	
		··	Address	
		Winter Park, Florida 32789	•	
			City/State and Zip Code	
		bmills@maynardnexson.com		
		E-mail address: (to be used for future annual report notificatio	n)
For further in:	formation co	neerning this matter, please c	all:	
Brian A. Mill			407 647-2777 at()	
	Name of	Person	at () Area Code Daytime Tele	phone Number
Enclosed is a	check for the	: following amount:		
■ \$2 5.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy trenduced)	S60.00 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

H23000334673 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NC Management III, LLC			
(Name of the Lin	ofted Limbility Compi A Florida Limited	uny as it now appears of Liability Company)	1 our (ccords.)
The Articles of Organization for this Limited	Liability Company	were filed on 12/08/	2021 and assigned
Florida document number 121000519318	·		
This amendment is submitted to amond the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
the new name must be distinguishable and contain the	words "Unmied Liani	lity Company," the desig	nation "El C" or the abbreviation "F. L.C."
Enter new principal offices address, if appl	icable:	9731 Chestnut Ridge Drive, Windermere, Fl 34786	
Principal office address MUST BE A STRE			5
			· ~ ~
Inter new mailing address, if applicable:		9731 Chastnut Ridg	o Drive. Windermere, FL 34786
Mailing address MAY BE A POST OFFICE	(ROX)		•
			
 If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent: 	ess here:	address on our recon	rds, enter the name of the new regi
New Registered Office Address:	9731 Chestnut Ridge Drive		
rew wegaters of the regularity.	·	Enter Florata street address	
	Windermere		, Florida 34786 Zip Code
		Cu _y .	Zıp Code
iew Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as register	ed agent and agr	ee to act in this can	acity. I further agree to comply wi

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 heing 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.

> Christopher Tracy If Changing Registered Agent, Signature of New Registered Agent

H230003346733

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>	Name	Address	Type of Action
MGR	Jodi Despoy	509 S Hyde Park Ave., Tampa, FL 33606	🗆 🗖 Add
			Filemove
		-	Change
MGR	Wellness Investments Group, LLC	9731 Chestnut Ridge Drive, Windermere, FL 34786	BAdd
			□Remove
		·	. Change
		· · · · · · · · · · · · · · · · ·	□Add
			_ 🗆 🗆 Remove
			□Change
			□Add
			□Remove
			_ GChange
			DAdd
			CRemove
			_
	·		□Add
			□Remove
			[]Chance

H23000334673 3

	
ffective date, if other than the date of filing:	(ontional)
Iffective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dispote: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	lys after filing.) Pursuant to 605 020 nts, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier is filed.	r of: (b) The 90th day after the
ared September 21 2023	
Christopher Tracy	
Signature of a member or authorized representative of a member	
Christopher Tracy	

Filing Fee: \$25.00