K22000006389

Office Use Only



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2022 HAR 10 PH 12: 06

4 3/18/2022

COVER LETTER

Registration Section

Division of Corporations

TO:

	on Health Care				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	John Mertilus				
		Name of Person	-		
	More Passion Health Care				
		Firm/Company			
	341 Sw 29th terrace				
		Address			
	Fort Lauderdale, Florida 3	3312			
		City/State and Zip Code			
	morepassionhealth@gmail.	com			
	E-mail address: (to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	all:			
John Mertilus		954 954-632-144 at ()			
Name of Person		Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	he 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MORE PASSION HEALTH CARE LLC

2022 MAR 10 PM 12: 06

		ars on our records. SECRED. R. J. J. STATE		
	_	TALLA.!\ASSEE.FL		
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{1}{2}$	2/28/2021 and assigned		
Florida document number 1.22000006389				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company l	<u>nere</u> :		
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:	1091 SE 17th	1091 SE 17th St Fort Lauderdale, Fl 33316		
(Principal office address MUST BE A STREET ADDRES	<u></u>			
Enter new mailing address, if applicable:	3901 W Brows	3901 W Broward Blvd, Fort Lauderdale, FI 33312		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice 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: N/A				
New Registered Office Address: 1091 SE 1	7th St			
New Registered Office Address.	Enter Fl	Enter Florida street address		
Fort Laude	erdale	, Florida 33316		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regi	<u>eent:</u>			

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Monica Mertilus	341 sw 29th terrace fort lauderdale fl.33312	
			□ Remove
			□Change
AMBR	Leonard Mertilus	341 sw 29th terrace fort lauderdale fl.33312	■Add
			⊡Renюve
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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			□ Add
			□Rепюче
			□Change

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ffective date, if other than th	e date of filing: 01/01.		(optional)
an effective date is listed, the date in lote: If the date inserted in this	ust be specific and cannot b	e prior to date of filing o	r more than 90 days after filing	g.) Pursuant to 605.02 e will not be listed
ocument's effective date on the			ing requirements, this tac	c mm not be noted
record specifies a delayed effect	ive date, but not an effec	tive time, at 12:01 a.r	n. on the earlier of: (b) T	he 90th day after t
d is filed.				
January, 1 Dated	2022			
Jaied	· —	····································		
	Lor	Med	_	
	Signature of a member o	r-authorized representat	ive of a member	
	,	m. 11		
	John Turvio	r printed name of signed		