

L220000011452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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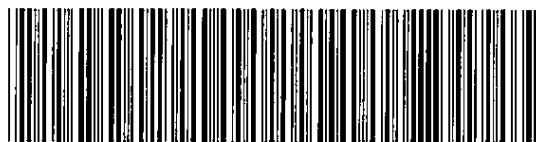
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Owimast 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:

Bradley Cmobra

Name of Person

Firm/Company

1858 Orchard Hill

Address

Mendota Heights, MN 55118

City/State and Zip Code

erin@elliementalhealth.com

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

For further information concerning this matter, please call:

Brad Cmobra

952 239-1121
at ()
Area Code Daytime Telephone Number

Name of Person

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

SECRET
TALLAHASSEE
2023 OCT 11 PM 3:07
FOR INFO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Owimast Health LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/04/2022 and assigned
Florida document number L22000011452.

This amendment is submitted to amend the following:

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

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)

10245 Centurion Pkwy N

Suite 250

Jacksonville, FL 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Jerome Abrams

1187 Culligan Lane

Mendota Heights, MN 55118

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:

Owimast MSO LLC

New Registered Office Address:

10245 Centurion Pkwy N

Enter Florida street address

Jacksonville

Florida 32256

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.

Digitally signed by

Jerome Abrams

If Changing Registered Agent, Signature of New Registered Agent

By 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	Micah Cantley	210 Rudder Run	<input type="checkbox"/> Add
		Bluffton, SC 29910	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bradley Crnobrna	1858 Orchard Hill	<input checked="" type="checkbox"/> Add
		Mendota Heights, MN 55118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jerome Abrams	1187 Culligan Lane	<input checked="" type="checkbox"/> Add
		Mendota Heights, MN 55118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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We need to add a fictitious name of Ellie Mental Health. Owimast Health LLC is DBA as Ellie Mental Health.

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(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)

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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 10/5/2023,

Assigned by

Signature of a member or authorized representative of a member

Jerome Abrams

Reviewed by
Prof. (unpubl.)

Brad Crnobrna

Typed or printed name of signee

Filing Fee: \$25.00