

127000028923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

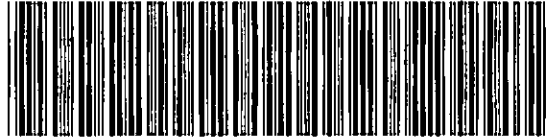
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SECRETARY OF STATE
TALLAHASSEE, FL

2022 APR 20 AM 6:39

FILED

A. BUTLER

MAY 11 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSET PARADISE PSYCHIATRY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please direct all correspondence concerning this matter to the following:

Luisa C Garcia

Name of Person

N/A

Firm/Company

11900 McGregor Blvd

Address

Fort Myers, FL 33919

City/State and Zip Code

luisagarciajp@gmail.com

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

For further information concerning this matter, please call:

Luisa C Garcia

Name of Person

561 567-4894
at () Daytime Telephone Number
Area Code

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 APR 20 AM 6:39

SUNSET PARADISE PSYCHIATRY LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on 01/13/2022 and assigned
document number L22000028923.

This amendment is submitted to amend the following:

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

Sunset Paradise Wellness LLC

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)

11900 McGregor Blvd.
Ft. Myers, FL 33919

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11900 McGregor Blvd.
Ft. Myers, FL 33919

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:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

C. 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.

If Changing Registered Agent, Signature of New Registered Agent

If appending A or removed from

• •

If appending A or removed from

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

This is a partnership, each manager holds 50%.

Effective date, if other than the date of filing: 01/13/2022 (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.

(c) 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 filing.

Dated MARCH 22, 2022

Luis C. Garcia
Signature of a member or authorized representative of a member

LUISA C. GARCIA

Typed or printed name of signer



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 APR 20 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FL

April 12, 2022

LUISA C GARCIA
11900 MCGREGOR BLVD
FORT MYERS, FL 33919

SUBJECT: SUNSET PARADISE PSYCHIATRY LLC
Ref. Number: L22000028923

We have received your document for SUNSET PARADISE PSYCHIATRY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 322A00008463