## K22CCCO044C21

| (Requestor's Name)                      |           |
|---|-----------|
| (Address)                               | -         |
| (Address)                               |           |
| (City/State/Zip/Phone                   | #)        |
| (Address)                               |           |
| (Business Entity Name                   | e)        |
|   |           |
| (Document Number)                       |           |
| Certified Copies Certificates of        | of Status |
| Special Instructions to Filing Officer: |           |
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|   |           |
| JUN 21 2022                             |           |
| A. LUNT                                 |           |
| _                                       |           |

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TOPLIARY OF STATE

## **COVER LETTER**

TO:

Tallahassee, FL 32314

| TO: Registration Sc<br>Division of Cor |  |   |   |
|--|--|---|---|
|  | Health Care                                  |   |   |
| SUBJECT:                               |  | ited Liability Company  | <del></del>   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.   |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |
|  | Elsie P Belfort                              |   |   |
|  |  | Name of Person  | <del></del>   |
|  | Luminous Health Care, LI                     | .C  |   |
|  |  | Firm/Company  |   |
|  | 17523 89th PL N                              |   |   |
|  |  | Address   |   |
|  | Loxahatchee, FL, 33470                       |   |   |
|  | ebelfort8@gmail.com                          | City/State and Zip Code   |   |
|  | =  | to be used for future annual report not                             | ification)  |
| For further information c              | oncerning this matter, please ca             |   |   |
| Elsie P Belfort                        |  | 954 478-0553<br>at ()   |   |
| Name o                                 | f Person                                     | at ()<br>Area Code Daytim   | ne Telephone Number   |
| Enclosed is a check for th             | ne following amount:                         |   |   |
| □ \$25.00 Filing Fee                   | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S          |  | <u>Street Address:</u><br>Registration Se                           | ction   |
| Division of C                          | orporations                                  | Division of Cor   |   |
| P.O. Box 632                           | 7  | The Centre of T   | fallahassee   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Luminous Health Care, LLC  |  |                                    |  |  |
|--|--|------------------------------------|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | iny as it now appears on our r<br>Liability Company) | <b>カ</b> 第25                       |  |  |
| The Articles of Organization for this Limited Liability Company  | were filed on 1/24/2022                              | and assigned                       |  |  |
| Florida document number 1.22000044021  |  | <b>4</b> 6 %                       |  |  |
| This amendment is submitted to amend the following:  |  | <b>1</b>                           |  |  |
| A. If amending name, enter the new name of the limited liab  | oility company here:                                 |                                    |  |  |
| Luminous Mind Care, LLC  |  |                                    |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation                       | "LLC" or the abbreviation "L.L.C." |  |  |
| Enter new principal offices address, if applicable:  | 17523 89th PL N                                      |                                    |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Loxahatchee, FL, 33470                               |                                    |  |  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)  |  |                                    |  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent: | address on our records, <u>e</u>                     | nter the name of the new registero |  |  |
| Name Danier and Office Address   |  |                                    |  |  |
| New Registered Office Address:   | Enter Florida street a                               | uhlress                            |  |  |
|  |  | . Florida                          |  |  |
| <del></del>  | City   | Zip Code                           |  |  |

company has been notified in writing of this change.

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

|                     |   |                 |               |               |               | <u> </u>      | <del>-</del> |   |
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|                     | other than the da                                 | te of filing: _ | )4/26/2022    |               |               | (optior       | al)          |   |
| ote: If the date is | listed, the date must be<br>nserted in this block | does not meet   | the applicab  |               |               |               |              |   |
| ocument's effecti   | ve date on the Depai                              | tment of State  | : s records.  |               |               |               |              |   |
| record specifies a  | delayed effective da                              | te, but not an  | effective tim | e, at 12:01 a | .m. on the ea | rlier of: (b) | The 90th d   | lay after th  |
| is filed.           |   |                 |               |               |               |               |              |   |
| April 26            |   | 2               | 022           |               |               |               |              |   |
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