

122000141822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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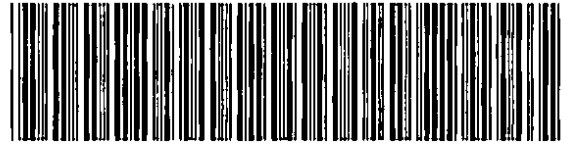
(Business Entity Name)

(Document Number)

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FILED
2022 APR 25 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FL

C. BRUMBLEY
JUL - 7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Invisus Wellness Care, 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:

Janett Jalil
Name of Person

Firm/Company

3720 NW 79th Avenue
Address

Coral Springs, FL 33065
City/State and Zip Code

Kberkman@bus-cpa.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katrine A. Berkman at (561) 579-9060
Name of Person Area Code Daytime Telephone Number

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

Invictus Wellness Care, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 APR 25 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on March 22, 2022 and assigned
Florida document number LR2000141822.

This amendment is submitted to amend the following:

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

Invictus Medical Clinic, 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)

4400 W. SAMPLE ROAD SUITE 140
COCONUT CREEK FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

THALYTA JONES

New Registered Office Address:

4400 W. SAMPLE ROAD Suite 140

Enter Florida street address

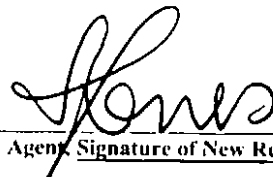
COCONUT CREEK, Florida 33073

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.



If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
AMBR	Elys Saad	3720 NW 79th Avenue	<input type="checkbox"/> Add
		Coral Springs FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	marice Arcia	3720 NW 79th Avenue	<input type="checkbox"/> Add
		Coral Springs FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JANETT JAUL	4400 W. SAMPLE RD #140	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CESAR PEREZ	4400 W SAMPLE RD #140	<input type="checkbox"/> Add
		COCONUT CREEK FL 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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)

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.

Signature of a member or authorized representative of a member

THALYTA JONES
Typed or printed name of signee

Filing Fee: \$25.00