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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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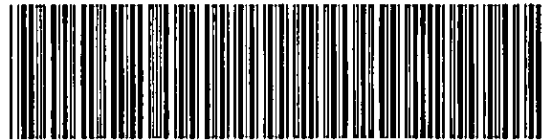
Special Instructions to Filing Officer:

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**JAN - 9 2023**

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SECRETARY OF STATE  
DEPT OF REFORMATION  
2022 OCT 12 PM 2:44

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Invictus Medical Clinic, 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:

Thalyta Jones

\_\_\_\_\_  
Name of Person

Invictus Medical Clinic

\_\_\_\_\_  
Firm/Company

4400 West Sample Rd suite 140

\_\_\_\_\_  
Address

Coconut Creek, FL 33073

\_\_\_\_\_  
City, State and Zip Code

management@invictusclinical.com

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

For further information concerning this matter, please call:

Thalyta Jones

954 8426442  
at ( )

\_\_\_\_\_  
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 Medical Clinic, 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 03/22/2022 and assigned  
Florida document number 122000141822.

This amendment is submitted to amend the following:

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

Invictus Psychiatric & Associates, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

4400 West Sample Road suite 142

**(Principal office address MUST BE A STREET ADDRESS)**

Coconut Creek, FL 33073

**Enter new mailing address, if applicable:**

4400 West Sample Road suite 142

**(Mailing address MAY BE A POST OFFICE BOX)**

Coconut Creek, FL 33073

**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 West Sample Road suite 142

*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	Cesar Perez	4400 West Sample Road #140	<input type="checkbox"/> Add
		Coconut Creek, FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thalyta Jones	3720 NW 79th Ave	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMR	Raul Jardines	10975 Windward Street	<input checked="" type="checkbox"/> Add
		Parkland, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

2022

\_\_\_\_\_

*[Signature]*

\_\_\_\_\_

a member or authorized rep

Signature of a member or authorized representative of a member

Thalvia Jones

Typed or printed name of signee

**Filing Fee: \$25.00**