h22000162830

(Requestor's Name)
(Address)
(Address)
(1000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinonie Nambor)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_

Office Use Only



400385961734 RECEIVED

APR 2 11 2022

08.192.122+-61985--092 **37.09

TALLAHASSEE, FLORIDA

FILED 2022 APR 29 PH 1: 48

JUN 2 1 2022

S. PRATHE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2022
	APR
	29
,	7

PENSACOLA MENS HEALTH, LLC

(Name of the Limit	rd Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Li Florida document number L22000162830	ability Company were filed on	April 5, 2022 and assigned
This amendment is submitted to amend the following	wing:	
A. If amending name, enter the new name of	the limited liability company	here;
PENSACOLA MENS CLINIC, LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	·	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE I	BOX)	
B. If amending the registered agent and/or re	gistered office address on our	records, enter the name of the new registered
agent and/or the new registered office addres	s <u>nere</u> :	
Name of New Registered Agent:	InCorp Services, Ir	ıc.
New Registered Office Address:	17888 67th Court North	
	Enter F	lorida street address
	Loxahatchee	, Florida ³³⁴⁷⁰
	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.

Amber Ragland on behalf of InCorp Services, Inc.

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>	Name	Address	Type of Action
			□Add
			□ Remove
	 -		□Add
		□ Remove	
			□Change
			□ Add
			□ Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Remove
			□ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		_
		_
_		_
_		-
_		_
		_
_		
		_
_		_
		_
_		_
_		_
_		_
		_
Note:	ve date, if other than the date of filing:	05.0207 (3)(sted as the
he record ord is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day affed,	ter the
Dated .	Opril 20 1. 2012	
	Home Atom Atoms	2022)
	Signature of a member or authorized representative of a member J. DARSON STONE	2022 APR 29
	J. DARSON STONE Typed or printed name of signee	7R 29 PM
	The or human muno of subject	P 2 C

Filing Fee: \$25.00