

To:

Page: 2 of 5

2022-08-25 14:29:18 GMT

13053284774

From: Yanet Avila

8/25/22, 10:20 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L22000240792**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000287743 3)))



H220002877433ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CREATIVE HEALTHCARE CENTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 AUG 25 AM 10:33

2022 AUG 25 AM 8:32
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 09001

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 26 2022
C. Brumby

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CREATIVE HEALTHCARE CENTER, 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 06/10/2022 and assigned Florida document number L22000260792.

This amendment is submitted to amend the following:

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

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) _____

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:

ANNETTE FIGAROLA

New Registered Office Address:

4152 OKEECHOBEE RD UNIT A-C

Enter Florida street address

FT PIERCE

City

Florida

34947

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.

/s/ Annette Figarola

If Changing Registered Agent, Signature of New Registered Agent

APPROVED
AND
FILED
2022 AUG 25 AM 8:32
CLERK OF DISTRICT COURT
JULIA M. HOSCHKE, CLERK
34947
FT PIERCE, FL

