

L22000283039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

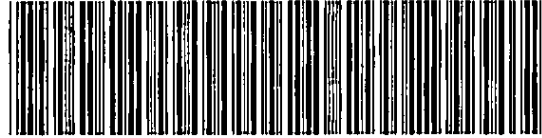
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Compassionate Health Center 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:

Adeline Pierre  
Name of Person

Sole Proprietorship  
Firm/Company

11322 Miramar Pkwy #1003  
Address

Miramar, FL 33025  
City/State and Zip Code

chc11c03@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adeline Pierre at (786) 343-2635  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

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

Adeline's Total Wellness 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 06/18/2022 and assigned  
Florida document number L22000283039

This amendment is submitted to amend the following:

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

Compassionate Health Center 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:**

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

11322 Miramar Pkwy #1003  
Miramar, FL 33025

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

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

11322 Miramar Pkwy #1003  
Miramar, FL 33025

**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:

Adeline Pierre (remain same)

New Registered Office Address:

11322 Miramar Pkwy #1003

Enter Florida street address

Miramar

City

Florida

33025

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.*

N/A

A. Pierre APBN

**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:

N/A

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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RECORDS OF STATE  
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

① For information, my home address, ~~however~~, <sup>purposely only</sup> AP  
IS 2301 SW 117 Ave Miramar, FL 33025

② 11322 Miramar PKWY # 1003 Miramar,  
FL 33025 should be use. Thanks

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 06/24/2022

A. Pierre APRN  
Signature of a member or authorized representative of a member

Adeline Pierre  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Florida**

USA

★

DRIVER LICENSE

2004 P600-000-82-849-1

2 CLASS E

PIERRE  
ADELINE  
2301 SW 117 AVE  
MIRAMAR, FL 33026-6847

3-006 09/29/1982 (SSEX) F

48 EXP 05/29/2028 18MOT 5-06

12 REST NONE

SAFE DRIVER

48 BS 09/30/2020

500 AL37009-305-046

Department of a motor vehicle consequences  
concurrent to any authority best required by law.