

L22 000332016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

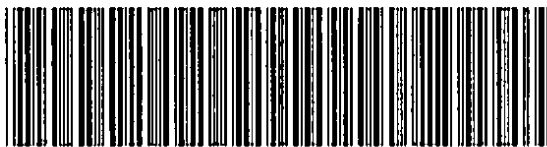
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SEP 06 2022

R. HUNT

2022 SEP -6 PM 12:07

DEPT OF STATE
DIVISION OF CORP. REGISTRATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMETHYST HEALTH 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:

CATHERINE SHEAHAN

Name of Person

AMETHYST HEALTH

LLC

Firm/Company

505 BEACHLAND BLVD, STE 1-1020

Address

VERO BEACH, FL 32963

City/State and Zip Code

AMETHYST-HEALTH@PROTONMAIL.COM

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

For further information concerning this matter, please call:

CATHERINE SHEAHAN

Name of Person

at (904) 295-5825

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

2022 SEP -6 PM 12:07

Division of Corporations
Tallahassee, FL

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>
MGR	GWOW LLC	411 WALNUT ST	<input type="checkbox"/> Add
		316292	<input checked="" type="checkbox"/> Remove
		GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Change
MGR	GWOW LLC	505 BEACHLAND BLVD	<input checked="" type="checkbox"/> Add
		STE 1-1020	<input type="checkbox"/> Remove
		VERO BEACH, FL 32963	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2008 SEP 6 PM 12:07
DIVISION OF CONSUMER AFFAIRS
STATE OF FLORIDA

UNIVERSITY OF CALIFORNIA
2022 SEP -6 PM 12:07

2022 SEP -6 PM 12:07

(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)

f 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.

9/2/22

Catherine Sheahan

Typed or printed name of signee