

122 000 335130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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A. BUTLER

DEC - 7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strategic Partners In Care, 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:

Lisa Nicely

Name of Person

Strategic Partners In Care, LLC

Firm Company

4667 Pinemore Lane

Address

Lake Worth, FL 33463

City State and Zip Code

lisag@strategicpartnersllc.org

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

For further information concerning this matter, please call:

Lisa Nicely

561

452-2836

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**

FILED

Strategic Partners In Care, LLC

2022 AUG 22 AM 6:53

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE OF FLORIDA
CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/29/2022 and assigned
Florida document number L22000335130.

This amendment is submitted to amend the following:

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

Strategic Partners In Healthcare, LLC

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)

1825 NW Corporate Blvd.

Suite 110

Boca Raton, FL 33341

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1825 NW Corporate Blvd.

Suite 110

Boca Raton, FL 33341

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:

NA Same

New Registered Office Address:

1825 NW Corporate Blvd. Suite 110

Enter Florida street address

Boca Raton

Florida 33341

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>
MGR	Lisa Nicely	4667 Pinemore Lane	☐ Add
		Lake Worth, FL 33463	☐ Remove
			☒ Change
MGR	Robert Katz	6481 Enclave Way	☒ Add
		Boca Raton, FL 33496	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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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.

Lisa Nicely
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2022

LISA NICELY
4667 PINEMORE LN
LAKE WORTH, FL 33463

SUBJECT: STRATEGIC PARTNERS IN CARE, LLC
Ref. Number: L22000335130

We have received your document for STRATEGIC PARTNERS IN CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 622A00025551