## L22000500711

(R	lequestor's Name)
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PICK-UP	WAIT MAIL
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations				
SUBJECT: Atlas Healt	h Centers				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Austin Hayden				
		Name of Person		-	
	Atlas Health Centers				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		~	
	35111 US Hwy 19 N Suite	:310			
		Address		- <u>;</u>	?î
	Palm Harbor, FL 34684				2024 J.S.I. 3 I
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			<u>ئىت</u> دى
	Austin.hayden@atlasclinics				
The first of the second		to be used for future annual report no	uncanon)		PH 2:
For lurther miormanon c	oncerning this matter, please c	an:		23 1	- 19
Austin Hayden		727 2259990 at ()			
Name o	l'Person	Area Code Daytii	ne Telephone Numbe	:г	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Stat	us &
Mailing Address Registration S	Section	Street Address: Registration Se			
Division of C P.O. Box 632	•	Division of Co The Centre of	•		
Tallahassee,			rananassee oe Street, Suite (	310	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlas Health Centers $\rho'_{-}$ C			
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number L22000500741	were filed on 03/08/20	23 a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designate	tion "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			2621
		50  - 67	<u> </u>
		:-:	ယ် 🕡
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)		3.7	<u>-n</u>
Willing duaress MAT BE A FOST OFFICE BOAT	<del></del>		<del></del>
		: 1	<del>- \( \otimes \)</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	reet address	
		, Florida	
	City	Ζίγ	o Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	luties, and I am famili ter 605, F.S. Or, if thi	ar with and states of the stat

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
AMBR	Dr. Maria Eleni Psikogios	9505 49th St N Apt 2-108 Pinellas Park, FL 33782	<b>=</b> Add
			□Remove
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		***************************************	□Remove
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Signature of a member or authorized representative of a member	ed	<u>_</u> .
Signature of a member or authorized representative of a member	Mittie U.	
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Filing Fee: \$25.00