(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer.
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2023 MAR 30 PM 2: 03 DIOTATAMA ATTICE

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COVER LETTER

TO:

Registration Section

Division of Corporations				
	lth Hygiene Clinic. LLC			
SUBJECT:	Name of Lim	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
·	Ü	-		
	Emmanuel Appiadu			
		Name of Person		
		Firm/Company		
	516 Abbortsford Court			
		Address		
	Saint Johns Florida, 3225	9		
		City/State and Zip Code		
	appiaduc@bellsouth.net E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
Emmanuel Appiadu		904 563-0237 ar ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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		Street Address: Registration Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(3)

2023 HAR 30 PM 3: 09 Mental Health Hygiene Clinic, LLC (Name of the Limited Liability Company as it now appears on our records:) (** [AF] ; [FALLAHACLEFILF The Articles of Organization for this Limited Liability Company were filed on $\frac{2/15/2023}{2}$ ___ and assigned Florida document number L23000082516 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mental Health Hygiene and Wellness Clinic, "LLC" The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8777 San Jose Blvd Enter new principal offices address, if applicable: Unit 802 (Principal office address MUST BE A STREET ADDRESS) Jacksonville Florida .32217 516 Abbortsford Court Enter new mailing address, if applicable: Saint Johns Fl. 32259 (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: New Registered Office Address: Enter Florida street address

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.

City

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	<u>Address</u>	Type of Action
MGR	Emmanuel Appiadu	516 Abbortsford Court , Saint Johns Ft. 32259	
			□ Remove
			□Change
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			TChange
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Note:	ive date, if other than the date of filing:
e recor ed is fi	d 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 led.
Dated	
	Signature of a member or authorized representative of a member
	Lorrainc Appiadu
	Typed or printed name of signee