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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STUART HEALTH AND WELLNESS 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:

Vikash M. Negandhi

Name of Person

Integrated Medicine, LLC

Firm/Company

2 S University Dr., Ste 110

Address

Plantation, FL 33324

City/State and Zip Code

vikash@integratedmedicine.org

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

For further information concerning this matter, please call:

Michael Silverman, Esq.

Name of Person

at (561) 257-3497

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)

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TALLAHASSEE, FL

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**

STUART HEALTH AND 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 03/03/2023 and assigned
Florida document number L23000113517.

This amendment is submitted to amend the following:

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

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)

2 S UNIVERSITY DR

STE 100

PLANTATION, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2 S UNIVERSITY DR

STE 100

PLANTATION, FL 33324

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:

VIKASH M. NEGANDHI

New Registered Office Address:

2 S. UNIVERSITY DR., STE 100,

Enter Florida street address

PLANTATION

City

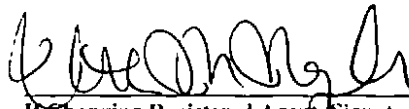
Florida

33324

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

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TALLAHASSEE, FL

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>
AMBR	Lisa Vickery	7337 Pine Park Dr. N	<input type="checkbox"/> Add
		Lake Worth, FL 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Integrated Medicine, LLC	2 S UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		STE 110	<input type="checkbox"/> Remove
		PLANTATION, FL 33324	<input type="checkbox"/> Change
MGR	VIKASH NEGANDHI	2 S UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		STE 110	<input type="checkbox"/> Remove
		PLANTATION, FL 33324	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL
Change

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

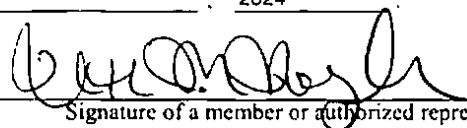
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E. Effective date, if other than the date of filing: _____ (optional)

(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 November 4, 2024



Signature of a member or authorized representative of a member

Vikash Negandhi

Typed or printed name of signee