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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE 1234@INCFILE.COM



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRESCRIBED PEACE LLC

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COVER LETTER

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TO: Registration Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: PRESC	CRIBED PEACE LLO	0	
		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:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	#220	
		Address	
	HOUSTON TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code M	:
	F-mail address; (to be used for future annua	i report notification)
For further information c	oncerning this matter, please c	att:	
LOVETTE DOBSON			884623453
Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er	Certificate of Status &
<u>Mailing Addres</u> Registration !	<u>ss:</u> Section	<u>Street A</u> Registi	Address: ration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PRESCRIBED PEACE 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 03/15/2023 and assigned Florida document number L23000132916 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Military Men's Health - FL 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) Enter new mailing address, if applicable: (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. 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: (((H23000369804 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			CAdd
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Effective date, if other than the if an effective date is listed, the date in Note: If the date inserted in this is document's effective date on the	ust be specific and canno block does not meet th	ne applicable statuto	ng or more than 90 days		
e record specifies a delayed effect d is filed.	ive date, but not an eff	fective time, at 12:0	l a.m. on the earlier o	f: (b) The 90th day att	er the
Dated October 23	. 20	23			
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	Signature of a member	(/(NU/// N9// r or authorized represo	entative of a member		

Filing Fee: \$25.00

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