

L23000143921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

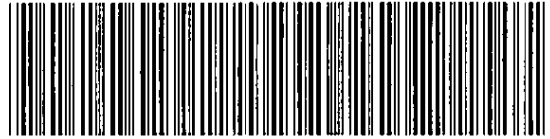
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



000410818370

06/20/23--01033--004 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 SEP 14 PM 3:03

Y. SCOTT

SEP 13 2023



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2023

W. CHARLES DAY  
P.O. BOX 14370  
BRADENTON, FL 34280

SUBJECT: TRANSCEND HEALTH SOLUTIONS, LLC  
Ref. Number: L23000143921

We have received your document for TRANSCEND HEALTH SOLUTIONS, 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):

PLEASE MARK THE OFFICER BOX.

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) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 723A00017695

RECEIVED  
AUG 28 2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Transcend Health Solutions, 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:

W. Charles Day

\_\_\_\_\_  
Name of Person

Transcend Health Solutions, LLC

\_\_\_\_\_  
Firm/Company

P.O. Box 14370

\_\_\_\_\_  
Address

Bradenton, FL 34280

\_\_\_\_\_  
City/State and Zip Code

wcd@transcendhealth.us

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

For further information concerning this matter, please call:

W. Charles Day

706  
at (\_\_\_\_\_) \_\_\_\_\_

593.6778

\_\_\_\_\_  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 SEP 14 PM 3:03

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Transcend Health Solutions, 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 03/21/2023 and assigned  
Florida document number L23000143921.

This amendment is submitted to amend the following:

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

Transcend Health, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

402 43rd Street West

**(Principal office address MUST BE A STREET ADDRESS)**

Bradenton, FL 34209

**Enter new mailing address, if applicable:**

P.O. Box 14370

**(Mailing address MAY BE A POST OFFICE BOX)**

Bradenton, FL 34280

**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:

402 43rd Street West

*Enter Florida street address*

Bradenton

Florida 34209

*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	Sarah Bonansinga	402 43rd Street West Bradenton, FL 34209	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 SEP 14 PM 3:03

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 SEP 14 PM 3:04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 SEP 14 PM 3:04

(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.

W. Chen Day, officer, CEO  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**