

L23000209315

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(Address)

(Address)

(City/State/Zip/Phone #)

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2023 JUN -5 PM 4:53
ES:411 S-1071066

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prince Health, 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:

Webb Millsaps, Esq.

Name of Person

Webb Millsaps Law Firm, PA

Firm/Company

160 W Camino Real 190

Address

Boca Raton, Florida, 33432

City/State and Zip Code

webb@webbmillsapslaw.com

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

For further information concerning this matter, please call:

Webb Millsaps

561
at ()

900-7238

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

2007 JUN -5 PM 4:58

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

Prince Health 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 April 27, 2023 and assigned
Florida document number L23000209315.

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)

500 Fairway Drive

Unit 106

Deerfield Beach, Florida 33441

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

City, Florida 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>
CEO	Chris McGill	c/o Prince Health LLC	<input checked="" type="checkbox"/> Add
		500 Fairway Drive, Unit 106	<input type="checkbox"/> Remove
		Deerfield Beach, Florida 33441	<input type="checkbox"/> Change
AIC/AR	Bryan Lantry	c/o Prince Health LLC	<input checked="" type="checkbox"/> Add
		500 Fairway Drive, Unit 106	<input type="checkbox"/> Remove
		Deerfield Beach, Florida 33441	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated May 30, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

11:4:58

Filing Fee: \$25.00