

L23000323651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

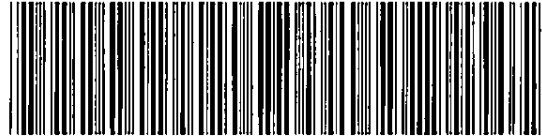
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 21 2023

Office Use Only



700414503167

08/25/23--01020--006 **30.00

FILED
23 AUG 25 AM 9:28
FILING OFFICE
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Art of Medicare Florida LLC
Name of Limited Liability Company

LLC
name change

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Marie Bourne * new
Name of Person
prior: Art of Medicare Florida LLC | Art Health Alliance
Firm/Company LLC
843 Burlington Ave N.
Address
St Petersburg, FL 33701
City/State and Zip Code
Anne.ArtHealthAlliance@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Marie Bourne at (310) 795-3329
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

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

Art of Medicare Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
23 AUG 25 AM 9:27
CLERK OF CIRCUIT COURT
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 7, 2023 and assigned Florida document number L23000323651

This amendment is submitted to amend the following:

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

Art Health Alliance 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)

(same) / no change

843 Burlington Ave N.

St Petersburg, FL 33701

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:

no change

Name of New Registered Agent:

Anne Marie Poute

New Registered Office Address:

843 Burlington Ave N.

Enter Florida street address

St Petersburg

City

, Florida

33701

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

[illegible]

(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.

August 22, 2023

Anne Marie Zoune

Signature of a member or authorized representative of a member

Anne Marie Rouve

Typed or printed name of signee