

9/29/23, 9:20 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H230003440303ABCT

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To:

Division of Corporations
Fax Number : (850)617-5383

From:

Account Name : POMARES ACCOUNTING SOLUTIONS
Account Number : I20190000243
Phone : (786)314-1371
Fax Number : (786)228-0049

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

Email Address: ahmed881213@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POMARES MENTAL HEALTH LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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H 230003440303

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POMARES MELTAL 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:

IVON POMARES

Name of Person

POMARES ACCOUNTING SOLUTIONS, LLC

Firm/Company

3425 NW 14TH ST

Address

MIAMI, FL 33125

City/State and Zip Code

IVISPOMARES@HOTMAIL.COM

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

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For further information concerning this matter, please call:

IVON POMARES

786 314-1371

at ()

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

H23000391368 3

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

POMARES MENTAL 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 08/21/2023 and assigned
Florida document number 123000391368.

This amendment is submitted to amend the following:

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

POMARES MENTAL 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:

(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

Florida

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

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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>
_____	_____	_____	<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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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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HARTFORD, CT

Filing Fee: \$25.00