

L23000462884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

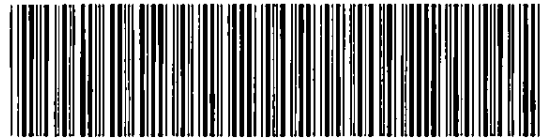
(Business Entity Name)

(Document Number)

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VW

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH AND BEAUTY 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:

HANNAH JAMES

Name of Person

HEALTH AND BEAUTY SOLUTIONS LLC

Firm/Company

9200 NALLE GRADE RD

Address

NORTH FORT MYERS, FL 33917

City/State and Zip Code

HANNAHJAMES2016@HANNAHJAMESHOTMAIL.COM

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

*hannahjames 2016
@hotmail.com*

For further information concerning this matter, please call:

HANNAH JAMES

Name of Person

920

809-2998

at ()

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

HEALTH AND BEAUTY 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 10/06/2023 and assigned
Florida document number L23000462884 *Specific purpose: to open a medical office*

This amendment is submitted to amend the following:

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

HEALTH AND BEAUTY SOLUTIONS PLLC

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)

2792 Tamiami Trail
Port Charlotte, FL 33952

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:

Eric James

New Registered Office Address:

9200 Waller Grade Rd NW

Enter Florida street address

North Fort Myers
City

Florida

33917
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

Eric K. James

or removed from our records: _____, last full name, date, and address of each person being added

MGR = Manager

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Business purpose To open an Internal Medicine
medical office.

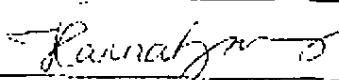
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated 12/11/2023


Signature of a member or authorized representative of a member

HANNAH JAMES

Eric James
Typed or printed name of signer

Filing Fee: \$25.00