

L2300050812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

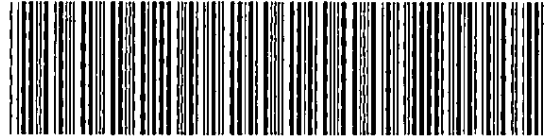
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/10/24 10:08:08 AM

FILED
2024 JUN 10 PM 3:08
STATE
OFFICE

RECEIVED
2024 JUN 10 PM 2:56
TALLAHASSEE, FLORIDA

A3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Nurse Practitioner
Mobile HealthCare, 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:

LQ-TONYA JOHNSON
Name of Person

Firm/Company
112 West Fifth Ave
Address
Tallahassee, FL 32303
City/State and Zip Code
Nurse Practitioner, Mobile
E-mail address: (to be used for future annual report notification) health@gmail.com

For further information concerning this matter, please call:

N/A
Name of Person
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

FILED

Nurse Practitioner
Mobile Health Care, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 JUN 10 PM 8:08

6-10-2024

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 23060505812

This amendment is submitted to amend the following:

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

N/A

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)

112 West Fifth
Ave, Tallahassee
FL, 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

112 West Fifth
Ave, Tallahassee
FL, 32303

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:

NO CHANGE

New Registered Office Address:

112 North West Fifth
Tallahassee
FL, 32303
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.

N/A

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>
DNP	LT JON R	114 West Fifth Ave	<input type="checkbox"/> Add
	Johnson	Tallahassee, FL 32303	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

[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.

June 10, 2024
 LaTonya Johnson
 Signature of a member or authorized representative of a member
 LaTonya Johnson
 Typed or printed name of signer

Filing Fee: \$25.00