

L23000515444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2024 JAN 29 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
LCL

VA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Leo Health Investments, 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:

Jay Wagnon

Name of Person

Leo Health Investments, LLC

Firm/Company

3 Island Ave., Unit 3C

Address

Miami Beach, FL 33139

City/State and Zip Code

jwagnon@wagnoncapital.com

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

For further information concerning this matter, please call:

Jay Wagnon

917

407-3330

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2023

JAY WAGNON
LEO HEALTH INVESTMENTS LLC
3 ISLAND AVE., UNIT 3C
MIAMI BEACH, FL 33139

SUBJECT: LEO HEALTH INVESTMENTS, LLC
Ref. Number: L23000515444

We have received your document for LEO HEALTH INVESTMENTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III
Internet Support

Letter Number: 723A00028224



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2024

JAY WAGNON
LEO HEALTH INVESTMENTS, LLC
3 ISLAND AVE., UNIT 3C
MIAMI BEACH, FL 33139

SUBJECT: LEO HEALTH INVESTMENTS, LLC
Ref. Number: L23000515444

We have received your document for LEO HEALTH INVESTMENTS, LLC and your check(s) totaling \$20.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$5.00 due.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III
Internet Support

Letter Number: 124A00000428

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

Leo Health Investments, 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 11/14/23 and assigned
Florida document number L23000515444.

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)

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

[illegible]

2024 JAN 29 AM 10:44
SEINE TACK UP SITE
FALLAHASSEE, FLORIDA

2024 JAN 29 AM 10:44
SECURITY UNIT
FALLAHASSEH, FLORIDA

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(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.

Signature _____

Signature of a member or authorized representative of a member

Jay Wagon

Typed or printed name of signee

Filing Fee: \$25.00