L23000554569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2025 FEB 21 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lori Aikman
Precision Total Health
1980 N Atlantic Ave, Ste 230-8
Cocoa Beach FL 32931
321-334-4861

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom It May Concern:

Please note the name change documents and check enclosed for the name change of Crown Direct Primary Care LLC to Precision Total Health LLC.

My daytime contact number is 321-616-3021 (cell preferred) or our office number 321-334-4861.

Sincerely,

Lori Aikman

12/12/24

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Crown Direct Primary Care 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:

Lori Aikman
Name of Person

Firm/Company

2582 Meadow Lane
Address

Cocoa, FL 32926
City/State and Zip Code

lori@loriaikman.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Aikman at (321) 616-3021
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

February 3, 2025

LORI AIKMAN
1980 N ATLANTIC AVE
STE 230-8
COCOA BEACH, FL 32931

SUBJECT: CROWN DIRECT PRIMARY CARE LLC
Ref. Number: L23000554569

We have received your document for CROWN DIRECT PRIMARY CARE 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 $30.00.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 825A00002148

RECEIVED
FEB 21 2025

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2025 FEB 21 PM 3:15
TALLAHASSEE, FLORIDA

Crown Direct Primary Care 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 12/18/2023 and assigned Florida document number L23000554569.

This amendment is submitted to amend the following:

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

Precision Total Health 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)

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

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

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

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

Authorized Person(s) Detail:

The address for Title P, Lori Aikman should be changed from

37 NORTH ORANGE AVENUE, SUITE 500; ORLANDO, FL 32801

to: 1980 N ATLANTIC AVEm STE 230-8; COCOA BEACH, FL 32931

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2025 FEB 21 PM 3:15
TALLAHASSEE, FLORIDA

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 December 12 2024

Signature of a member or authorized representative of a member

Lori Aikman

Typed or printed name of signee

Filing Fee: $25.00