

L24000041211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

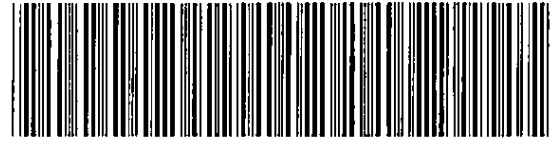
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Incorrect Form
Pratt - LLC
Not accept operating
agreement

Office Use Only



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09/03/24--01036--009 **43.75

2024 OCT 22 PM 11:07

112

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HD Therapies of The Treasure Coast 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:

Heather Lacharite

Name of Person

HD Therapies of the Treasure Coast LLC

Firm/Company

4873 SE Chiles Court

Address

Stuart, FL 34997

City/State and Zip Code

Admin@HDTherapies.org

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

For further information concerning this matter, please call:

Heather Lacharite

Name of Person

at (561) 889-4080

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

HD Therapies of The Treasure Coast, LLC

(Name of the Limited Liability Company as it now appears on our records.) 22 11 11: 57
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/26/24 ^{at 10:12a} and assigned
Florida document number L24000041211 1/22/2024

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:

Heather Lacharite

New Registered Office Address:

4873 SE Chiles Court

Enter Florida street address

Stuart

City

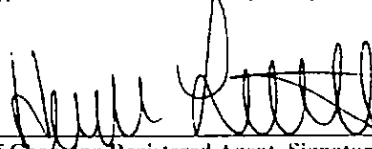
Florida

34997

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]

[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.

David P. K.
Signature of a member or authorized representative of a member

David Palo
Typed or printed name of signee

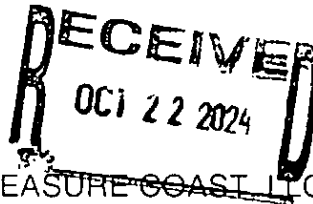
Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2024

HEATHER LACHARITE
4873 SE CHILES CT
STUART, FL 34997



SUBJECT: HD THERAPIES OF THE TREASURE COAST LLC
Ref. Number: L24000041211

We have received your document for HD THERAPIES OF THE TREASURE COAST, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Anissa Butler
Regulatory Specialist II

Letter Number: 924A00020052