L2400058284

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

MORSE'S	S HEALTH CLINIC AND HAN	DCRAFTED STORE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub	_	
	ROBERT S MORSE	-	
		Name of Person	
	MORSE'S HEALTH CLIN	NIC AND HANDCRAFTED STO	ORE LLC
		Firm/Company	
	1032 TAMIAMI TRAIL U	NIT 8	
		Address	
	PORT CHARLOTTE, FL.	33953	
		City/State and Zip Code	
	INFO@DRMDC.HEALTH	to be used for future annual report no	tification)
For further information	concerning this matter, please co	·	initiation)
MATTHEW PRZYBO		941 623-1313	
Name	of Person	at ()	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	antia a

Registration Section

TO:

Registration Section **Division of Corporations**

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

MODERS HEALTH OLIVIC AND HANDOD AFTER STORE LLO

(Name of the Limited Liability Co.	
(A Florida Limit	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comparing document number L24000058284	any were filed on JANUARY 31, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	liability company here:
MORSE'S HEALTH CENTER AND HANDCRAFTED STORE	LLC
The new name must be distinguishable and contain the words "Limited L	iability 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	5)
	3
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Multing undress MAT BE A POST OFFICE BOX)	m _o
If amonding the registered agent and/or registered offi	ice address on our records, enter the name of the new registo
gent and/or the new registered office address here:	ice address on our records, enter the name of the new registr
Name of New Registered Agent:	
New Registered Office Address:	
The registered office Address.	Enter Florida street address
	Til and die
	, Florida

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

<u>Title</u>	Name	Address	Type of Action
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
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Effectiv	e date, if other th	an the date of G	5/21/20	024		loni	tional)	
(If an effe	tive date is listed, the c	date must be specific	and cannot be	prior to date	of filing or mor	e than 90 days aft	er filing.) Pursuant to	o 605.0207 (
Note: I docume	the date inserted in it's effective date or	this block does not the Department (ot meet the ap of State's rec	pplicable st ords.	itutory filing	requirements, th	is date will not be	e listed as the
		•						
the record	specifies a delayed o	effective date, but	not an effecti	ive time, at	i 2:01 a.m. or	the earlier of: (b) The 90th day	after the
	i.						•	
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cord is file		Signature o	l'a member or	271/ authorized r	epresentative o	f a member		_
cord is file	ROBERT S MOI		f a member or	271/ authorized r	epresentative o	f a member	·	_