

L24 000 187 222

Val

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

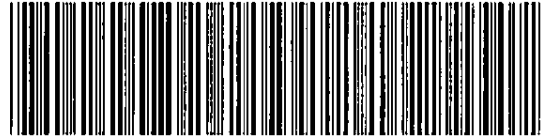
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600433021936

2024-09-17 09:15:00

2024-09-17 09:15

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

SOARENE HEALTHCARE, 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 4-22-2024 and assigned
Florida document number L24000187222

This amendment is submitted to amend the following:

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

ST. LEON, 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[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.

Dated 7/12/2024.

ASL

Signature of a member or authorized representative of a member

Antonia Saint-Leon
Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L24000187222
FILED 8:00 AM
April 22, 2024
Sec. Of State
ttmatthews

Article I

The name of the Limited Liability Company is:

SOARENE HEALTHCARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

103 CENTURY 21 DRIVE
STE 213 #190
JACKSONVILLE, FL. US 32216

The mailing address of the Limited Liability Company is:

103 CENTURY 21 DRIVE
STE 213 #190
JACKSONVILLE, FL. US 32216

Article III

The name and Florida street address of the registered agent is:

ANTONIA SAINT-LEVON
103 CENTURY 21 DRIVE
STE 213 #190
JACKSONVILLE, FL. 32216

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANTONIA SAINT-LEVON

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
ANTONIA SAINT-LEVON
103 CENTURY 21 DRIVE STE 213 #190
JACKSONVILLE, FL. 32216 US

L24000187222
FILED 8:00 AM
April 22, 2024
Sec. Of State
ttmatthews

Article V

The effective date for this Limited Liability Company shall be:

04/15/2024

Signature of member or an authorized representative

Electronic Signature: ANTONIA SAINT-LEVON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.