

LA000187388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

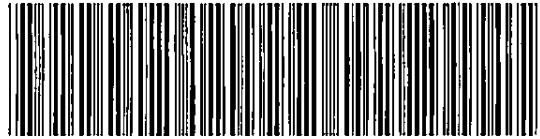
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st Stick Mobile Phlebotomy Services, 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:

Alfredia White
Name of Person

1st Stick Mobile Phlebotomy Services, LLC
Firm/Company

9612 Pembroke Pines Drive
Address

Sun City Center, FL. 33573
City/State and Zip Code

alwhite33617@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfredia White at (813) 810-6098
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

1st Stick Mobile Phlebotomy Services, 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 L24000187388

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)

139 S. Pebble Beach Blvd.
107
Sun City Center, FL. 33573

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

139 S. Pebble Beach Blvd.
107
Sun City Center, FL. 33573

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

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.)

Purpose: Promote health and wellness through
Compassionate care and innovative practices + Empower
Our Community with Knowledge and a healthier
lifestyle.

2012 JUL 11 AM 11:27

E. Effective date, if other than the date of filing: 07/01/2024 (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 July 1, 2024

Alfredia White / Alfredia White
Signature of a member or authorized representative of a member

Alfredia White
Typed or printed name of signee