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COVER LETTER

TO:

TO: Registration Division of C			
SUBJECT:	e Health Services LLC		•
	Name of Lim	ited Liability Company	
The enclosed Articles o	Division of Corporations CT: Lemontree Health Services LLC Name of Limited Liability Company Josed Articles of Amendment and fee(s) are submitted for filing. Seturn all correspondence concerning this matter to the following: Susan Urgenson Name of Person Lemontree Health Services, LLC Firm/Company 7901 4th St. N. Ste 300 Address St. Petersburg, FL 33702 City/State and Zip Code info@lemontreehealthservices; SHUrgensonRN@gmail.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: Jorgenson Name of Person At (561) Area Code Daytime Telephone Number		
		2	
	Susan Urgenson		
		Name of Person	
	Lemontree Health Services	s, LLC	
		Firm/Company	
	7901 4th St. N. Ste 300		
		Address	
	St. Petersburg, FL 33702		
	into@lemontreehealthcoorie	·	
		· ·	fication)
For further information	concerning this matter, please c	all:	
Susan Urgenson		561	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
☑ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lemontree Health 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 ___ and assigned 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 "LLC" 7901 4th St. N. Ste 300, St. Petersburg, FL 33702 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

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 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>	<u>Name</u>	Address	Type of Action
MGR	Susan Urgenson	7901 4th St. N. Ste 300, St. Petersburg, FL 33702	🗹 Add
			🗆 Remove
			□Change
 -			🗆 Add
			□Remove
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<u>voie:</u> 114	e date, if other that ive date is listed, the da the date inserted in t t's effective date on	this block does no	ot meet the appl	licable statutory (or more than 90 day filing requirement	(optiona is after filin ts, this dat	l) og.) Pursuam te will not b	to 605,020 be listed a
	specifies a delayed el	ffective date, but	not an effective	time, at 12:01 a	.m. on the earlier	oľ: (b) 1	Th €3 0th day	y after the
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