## L24000321571



| (Req                      | uestor's Name)   |           |
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| PICK-UP                   | ☐ WAIT           | MAIL      |
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| Certified Copies          | Certificates     | of Status |
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| Special Instructions to F | iling Officer:   |           |
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## **COVER LETTER**

Tallahassee, FL 32314

TO:

| TO: Registration Se<br>Division of Cor        |   |   |   |
|---|---|---|---|
|   | Resources,Llc                                   |   |   |
| SUBJECT:                                      | Name of Lim                                     | ited Liability Company  |   |
| The enclosed Articles of                      | Amendment and fee(s) are sub-                   | mitted for filing.  |   |
| Please return all correspo                    | ondence concerning this matter                  | to the following:   |   |
|   | Rosenir M. Geraci                               |   |   |
|   |   | Name of Person  |   |
|   | Total Helth Resources,Llc                       |   |   |
|   |   | Firm/Company  | 11  |
|   | 2019 SW Harrison Ave.                           |   |   |
|   |   | Address   |   |
|   | Port Saint Lucie, Florida 3-                    | 4953  |   |
|   |   | City/State and Zip Code   | <del></del> _   |
|   | rgeraci42@gmail.com                             |   | <del> </del>  |
|   |   | to be used for future annual report notif                           | ncation)  |
| For further information c                     | oncerning this matter, please ca                | ali;  |   |
| Rosenir Geraci                                |   | 240 463-5567<br>at ( )  |   |
| Name o  | f Person  | Area Code Daytime   | e Telephone Number  |
| Enclosed is a check for the                   | ne following amount:                            |   |   |
| ☐ \$25.00 Filing Fee                          | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres                                |   | Street Address:   |   |
| Registration Section Division of Corporations |   | Registration Section Division of Corporations                       |   |
| P.O. Box 6327                                 |   | The Centre of T   | •   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Total Helth Resources,Lle  |  |                                  |
|--|--|----------------------------------|
| (Name of the Limited Liability Co<br>(A Florida Limi   | mpany as it now appears on our recor<br>ted Liability Company) | rds.)                            |
| The Articles of Organization for this Limited Liability Compa  | any were filed on 07/22/2024                                   | and assigned                     |
| Florida document number <u>L24000321571</u> .  |  |                                  |
| This amendment is submitted to amend the following:  |  |                                  |
| A. If amending name, enter the new name of the limited l   | liability company here:  |                                  |
| Total Health Resoources, Llc   |  |                                  |
| The new name must be distinguishable and contain the words "Limited I.   | iability Company," the designation "LL                         | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | WIA  | . 2 <u>0</u>                     |
| (Principal office address MUST BE A STREET ADDRESS   | 2  | 2 <u>2</u> 25                    |
|  |  | ; <del>;</del>                   |
|  | ····   | Ü                                |
| Enter new mailing address, if applicable:  | NIA  | 7                                |
| (Mailing address MAY BE A POST OFFICE BOX)   | <del>i!_i=</del> /   | ċù                               |
| Maning dualess MAT DE AT OST OTTICE BOXY   |  | ro<br>ro                         |
| 3. If amending the registered agent and/or registered offingent and/or the new registered office address here: |  | r the name of the new regis      |
| Name of New Registered Agent:  | 4  |                                  |
| New Registered Office Address:   |  |                                  |
|  | Enter Florida street addr                                      | ess                              |
|  | , F  | FloridaZip Code                  |
|  | 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

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 |
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|                          | tive date, if other than the date of filing:  |
| E <b>ffec</b><br>f an ei | tive date, if other than the date of filing:(optional) (optional) ffective 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) |
| Note:                    | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  |
| locui                    | ment's effective date on the Department of State's records.   |
| r con                    | ord 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  |
| rd is f                  |   |
|                          |   |
| Dated                    | 1 2/267 20.34   |
|                          |   |
|                          | Signature of a member or authorized representative of a member  |
|                          |   |
|                          | Rosenir M. Geraci   |

Filing Fee: \$25.00

## **COVER LETTER**

| CLIDINGS  | Resources,Llc                                |   |   |
|---|--|---|---|
| SUBJECT.  | Name of Lim                                  | ited Liability Company  |   |
| The enclosed Articles of  | Amendment and fec(s) are sub                 | mitted for filing.  |   |
| Please return all correspo  | ondence concerning this matter               | to the following:   |   |
|   | Rosenir M. Geraci                            |   |   |
|   | Name of Person                               |   |   |
|   | Total Helth Resources,Llc                    |   |   |
|   | Firm/Company                                 |   |   |
| 2019 SW Harrison Ave.   |  |   |   |
| Address  Port Saint Lucie, Florida 34953  City/State and Zip Code |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   | rgeraci42@gmail.com                          | - 1   | <del></del>   |
| For further information of  | oncerning this matter, please c              | to be used for future annual report notificationall:                | n)  |
| Rosenir Geraci  |  | 240 463-5567<br>at ()   |   |
| Name o  | f Person                                     | at ()<br>Area Code Daytime Tele                                     | phone Number  |
| Enclosed is a check for the                                       | he following amount:                         |   |   |
| □ \$25.00 Filing Fee  | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres Registration S                                     |  | Street Address:<br>Registration Section                             | ı   |

Registration Section
Division of Corporations
P.O. Box 6327

Registration Section
Division of Corporations

TO:

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303