

L24000339748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

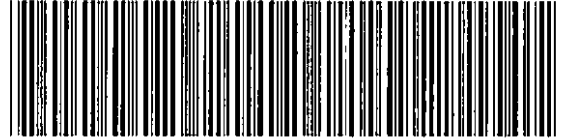
(Document Number)

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10/04/24--01027--002 \*\*60.00

2024 NOV -4 AM 0:53  
FILED

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: MIAMI MENTAL HEALTH & WELLNESS 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:

ALEJANDRO DE LA PORTILLA

Name of Person

Firm/Company

9835 SUNSET DR SUITE 105

Address

MIAMI FL 33173

City/State and Zip Code

alejandrolaportilla98@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO DE LA PORTILLA

786 797-2051  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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,  
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**

MIAMI MENTAL HEALTH & WELLNESS LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2024 NOV -4 AM 0:53

The Articles of Organization for this Limited Liability Company were filed on 08/01/2024 and assigned  
Florida document number L24000339748.

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:

9835 SUNSET DR SUITE 105

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33173

Enter new mailing address, if applicable:

9835 SUNSET DR SUITE 105

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33173

**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:

ALEJANDRO DE LA PORTILLA

New Registered Office Address:

9835 SUNSET DR SUITE 105

*Enter Florida street address*

MIAMI

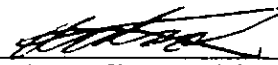
*City*

Florida 33173

*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**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ADDING FEI/EIN Number: 99-4388430

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 2/1/2018

Signature of a member or authorized representative of a member

YANISLEIDY MONDEJA

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2024

ALEJANDRO DE LA PORTILLA  
9835 SUNSET DR  
SUITE 105  
MIAMI, FL 33173

SUBJECT: MIAMI MENTAL HEALTH & WELLNESS LLC  
Ref. Number: L24000339748

We have received your document for MIAMI MENTAL HEALTH & WELLNESS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 224A00023366

