

L25000080565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

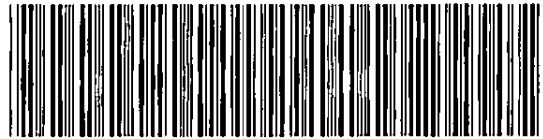
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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7/24/25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Staeda Health 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:

Alicia Staats
Name of Person
Staeda Health LLC
Firm/Company
157 E New England Ave. Ste. 203
Address
Winter Park, Florida 32789
City/State and Zip Code
office@staedahealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rijn Staats 321 323-3136
Name of Person at () 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 checked="" 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**

Staeda Health 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 February 17th, 2025 and assigned
Florida document number L25000080565.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

157 E New England Ave Ste 203

Winter Park, Florida 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

157 E New England Ave. Ste 203

Winter Park, Florida 32789

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:

Cameron Hollis

New Registered Office Address:

157 E New England Ave Ste. 203

Enter Florida street address

Winter Park

City

Florida 32789

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rijn Staats	157 E New England Ave Ste. 203	<input checked="" type="checkbox"/> Add
		Winter Park, Florida 32789	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alicia Staats	157 E New England Ave Ste. 203	<input type="checkbox"/> Add
		Winter Park, Florida 32789	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Felix Seda	157 E New England Ave Ste. 203	<input type="checkbox"/> Add
		Winter Park, Florida 32789	<input type="checkbox"/> Remove
			<input checked="" 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)


Signature of a member of ad

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00