

577281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

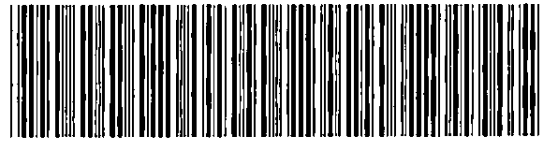
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Amen

2024 DEC 10 AM 10:55

FILED

A. RAMSEY
DEC 12 2024

2024 DEC 12 AM 9:14
CLERK OF STATE
TREASURY

FILED

*02250, 00611, 00524, 00671

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$35.00

Authorization Signature *S. J. L.*

Total Health Corporation S77281

☐ Walk in

☐ Will wait

☐ Certified Copies of the Articles of Incorporation

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ LLC
☐ Domestication
☐ INC
☐ CORP
☐ OTHER

AMENDMENTS

☒ Amendment
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion
☐ Statement of Authority
☐ Merger
☐ Amended and Restated Articles

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority
☐ APOSTIL

COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Partnership
☐ Reinstatement
☐ CORRECTION for a LLC
☐ Domestication of a Foreign Corp.
☐ Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TOTAL HEALTH CORPORATION

DOCUMENT NUMBER: S77281

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda G. Nordelo

Name of Contact Person

Jonathan H. Green & Associates, P.A.

Firm/ Company

901 Ponce De Leon Boulevard, Suite 601

Address

Coral Gables, FL 33134

City/ State and Zip Code

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

For further information concerning this matter, please call:

Amanda G. Nordelo

at (305) 372-5100

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2024

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309

SUBJECT: TOTAL HEALTH CORPORATION

Ref. Number: S77281

We have received your document for TOTAL HEALTH CORPORATION and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

new
The registered agent must sign accepting the designation.

Please check only ONE box under adoption of amendment and have Yael Fraynd sign as the president in the space provided at the bottom of page 4.

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.

Annette Ramsey
OPS

Letter Number: 524A00026808

Articles of Amendment
to
Articles of Incorporation
of

FILED
2024 DEC 12 AM 9:14
CLERK OF STATE

TOTAL HEALTH CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

S77281

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent FRAYND, PAUL

1380 NE Miami Gardens Drive, Suite 115

(Florida street address)

New Registered Office Address: North Miami Beach, Florida 33179
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Paul Fraynd

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.

President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>DP</u>	<u>FRAYND, GERMAN</u>	<u>1380 NE Miami Gardens Drive</u>
<input type="checkbox"/> Add			<u>Suite 115</u>
<input checked="" type="checkbox"/> Remove			<u>North Miami Beach, FL 33179</u>
2) <input type="checkbox"/> Change	<u>DP</u>	<u>FRAYND, Yael</u>	<u>1380 NE Miami Gardens Drive</u>
<input checked="" type="checkbox"/> Add			<u>Suite 115</u>
<input type="checkbox"/> Remove			<u>North Miami Beach, FL 33179</u>
3) <input type="checkbox"/> Change	<u>D</u>	<u>FRAYND, PAUL</u>	<u>1380 NE Miami Gardens Drive</u>
<input checked="" type="checkbox"/> Add			<u>Suite 115</u>
<input type="checkbox"/> Remove			<u>North Miami Beach, FL 33179</u>
4) <input type="checkbox"/> Change	<u>D</u>	<u>FRAYND, ALAN</u>	<u>1380 NE Miami Gardens Drive</u>
<input checked="" type="checkbox"/> Add			<u>Suite 115</u>
<input type="checkbox"/> Remove			<u>North Miami Beach, FL 33179</u>
5) <input type="checkbox"/> Change	<u>D</u>	<u>MARIN, DIANA</u>	<u>1380 NE Miami Gardens Drive</u>
<input checked="" type="checkbox"/> Add			<u>Suite 115</u>
<input type="checkbox"/> Remove			<u>North Miami Beach, FL 33179</u>
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

11/26/2024
Dated _____

Signature Yael Fraynd
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Yael FRAYND

(Typed or printed name of person signing)

President

(Title of person signing)