4 000 12 1404

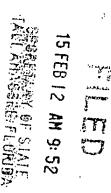
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Capital Health Wurwe of America 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:
Samuel A Llanel Name of Person
Firm/Company
8845 Ramblewood DR #1704
Oval Sirings FL 33071
City/State and Zip Code Captul Captul Mul Mins. Com H-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samuel A Lanel at (754) 837-3133 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Capital Health Inst	YUNU OF HMUIG	40
(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LIYDD 171404</u> .	vere filed on \(\frac{1}{2019} \)	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
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)	1100 S. SR7 MARGATE PZ 331	# 202
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		r the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	EB 2
New Registered Agent's Signature, if changing Registered Agent:	, Florida	Zip Gade
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p		

If Changing Registered Agent, Signature of New Registered Agent

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member, being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u> MGN	Name VICTOR PAOIWA	Address 4772 SW 154 CT MIAMI FL 33185	Type of Action □ Add Remove	
			□ Add□ Remove□ Add	
			Remove Add Remove	
			B N N N N N N N N N N N N N N N N N N N	
·			□ Add □ Remove	

. II ameno	ning any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effecti	e date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after nis document is filed by the Florida Department of State)
Dated	2-9,2015
	\D\C
	Signature of a member or authorized representative of a member anul 4 Lan1
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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