L18000077629

(Re	equestor's Name)	 -
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		
		

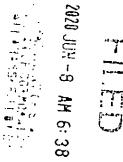
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06/08/20--01012--022 **30.00



JUN 24 2020 S. YOUNG

COVER LETTER

	ration Sec on of Corp				
	FEHEAL	TH UNIVERSL USA LLC			
SUBJECT:	·	Name of Lim	ited Liability Company	y	
The enclosed Ar	rticles of A	amendment and fee(s) are sub	omitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
		LUIS F GALLO			
			Name of Person	n	
		LUGALLO ACCOUNTIN	NG INC		
			Firm/Company	,	
		13300 NW 10 STREET			
			Address		
		SUNRISE, FL 33323			
			City/State and Zip C	Code	
		LUGALLO305@GMAIL.			
For further infor	mation co	ncerning this matter, please c	to be used for future ar	inual report notific	cation)
LUIS F GALLO)		786 at (277-7337	
	Name of	Person	Area Code	Daytime '	Telephone Number
Enclosed is a ch	eck for the	following amount:			
□ \$25.00 Filir	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	oy .	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	g Address tration Second Co	ection	Reg	et Address:	
	ion of Co Box 6327	prporations		rision of Corp e Centre of Ta	
Tallah	assee, F	L 32314			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LFEHEALTH UNIVERSAL USA LLC

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

(A Florida Limited I.	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000072629</u>	were filed on 03/21/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2201 PALM AVENUE
(Principal office address MUST BE A STREET ADDRESS)	STE 4-204
	MIRAMAR, FL 33025
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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 eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ampany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUIS F GALLO	13300 NW 10 ST	≡ Add
		SUNRISE, FL 33323	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			☐ Remove
			□Change
-		□Add	
			□Remove
			□ Change

_	
Effective	e date, if other than the date of filing: (optional) ive 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 605.020
(If an effect Note: If	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
documen	t's effective date on the Department of State's records.
rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JNE 4
	Filler X his
	Signature of a member or authorized representative of a member
	\cup
	JULIO C MARIN VENEGAS

Filing Fee: \$25.00