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(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:	
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COVER LETTER

Division of Cor			
SUBJECT: <i>Pl</i>	ND AEALTH	, LLC	_
		ited Liability Company	
			100 年
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	35.7
Please return all correspo	ndence concerning this matter	to the following:	
	Miche	Le Rene Dell Name of Person	n1594
	PMOI	PEALTY LC	
	_	Firm/Company	,
	PO B	ox 11051C	0
		Address	
	NAPles,	$\frac{f C}{\text{City/State and Zip Code}}$ $EACTGQAOC$	08
	\mathcal{D} and \mathcal{D}	City/State and Zip Code	0-1
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
Michel	2	at ()	3-1643
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIND MENCIS	
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>LOSOOOS</u>	ny were filed on <u>6-9-2005</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "L.C." or the abbreviation "L.C."
Enter new principal offices address, if applicable:	2090 TARPON BAY DR N
(Principal office address MUST BE A STREET ADDRESS)	#101 NAPLOS, FC 34/19
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 110576 NAPICS, FC 34108
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:
	·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	TARRET A TOTAL THE CET SEEMS CON

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 Title Address □ Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Remove

Change

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Filing Fee: \$25.00