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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor				Erek
SUBJI		-	Health Solution and Liability Company	ons, LL	C
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			J. TRetolo-		
			Firm/Company		
		2820	Farragut Lo.	we	
		West	Palm BeAch, F City/State and Zip Code ife and health f	L 3340	9
		Jtretola@ E-mail address: (1	if eard health for be used for future annual report notif	ication)	.00
For fur	rther information c	oncerning this matter, please ca	all:		
	Name o	JDe f Person	at (888) 789 Area Code Daytime	- 4930 Telephone Number	<u> </u>
Enclos	sed is a check for the	ne following amount:			
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerea.	n ations	16 DEC 19 M SECRETARY OF S TAILLAHASSEE, FL	
		, - 	Tallahassee, FL 32		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Life + Health Solutions, LLC

(Name of the Limited Liability Con (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>LI 00000 99 36 4</u> .	ny were filed on 4-33-2010 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 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2820 Farragut Lane Wwst Pala Beach, FL 33409
(Principal office address MUST BE A STREET ADDRESS)	West Pala Beach, FL 33409
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2820 Farragut Lane WestPalm Beach, FL 33409
registered agent and/or the new registered office address h	
Name of New Registered Agent:	T. Tretola
New Registered Office Address: 28	20 Farragut Lane
hest	Tretola Jo Farragut Lane Enter Florida street address Palm Beach, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Age	

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

Page 1 of 3

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>	Address	Type of Action
			□ Remove
			□ Change
			Add
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Filing Fee: \$25.00