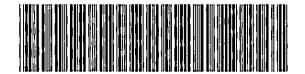
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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AUG 2 9 2020 S. YOUNG

COVER LETTER

1.1

TO:

		ation Secti 3 of Corpo				
SUBJEC		Your Heal	th LLC			
SUBJEC	Name of Limited Liability Company					
The encl	osed Ari	ticles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please re	turn all	correspond	lence concerning this matter	to the following:		
			Robert E. Kramer, Esquire			
				Name of Person		
				Firm/Company		
			555 West Granada Boulev	ard. Suite A-9		
			Address			
			Ormond Beach, FL 32174			
			City/State and Zip Code			
			kramerlegal@aol.com			
-> 4				to be used for future annual repor	rt notification)	
For furth	er intori	mation con	cerning this matter, please ca	all:		
Robert E	E. Krame	er		386 672-43	13	
	_	Name of P	crss)n		aytime Telephone Number	
Enclosed	l is a che	ck for the	following amount:			
■ \$25.	00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
		Address:	ation	Street Addre		
		ration Secon of Cor	ction porations	Registration Division of	n Section Corporations	
	P.O. B	ox 6327		The Centre	of Tallahassee	
	Tallah	assee, FL	. 32314	2415 N. Me	onroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TO YOUR HEALTH LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our i Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	ility Company were filed on September 2	27, 2010 and assigned
Florida document number L10000100297		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	1/A
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street i	
	emer e tortaa street i	ици сээ
	City	_, Florida Zip Code
	⊆ 14 P	2,147 E. USAC

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Managing Me <u>mber</u>	Donna Ann Joiner		□Add
200	(changing name from Donna A. Stibbins) ALL else is same		□Remove
		1000 John Anderson Dr, Ormond Beach, FL 32176	Change
			□Add
			□Remove
			□Change
			🗅 Add
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Page 2 of 3

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Signature of a member or authorized representative of a member	Date	2020
Signature of a member or authorized representative of a member		
· · · · · · · · · · · · · · · · · · ·		
Donna Ann Joiner Managing Member (previously listed as Donna A. Stibbins)		Signature of a intermber or authorized representative of a member
		· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00

ROBERT E. KRAMER, ESQUIRE

ATTORNEY AT LAW

BOULEVARD EXECUTIVE PARK 555 WEST GRANADA BOULEVARD, SUITE A-9 ORMOND BEACH, FLORIDA 32174 kramerlegal@aol.com

TELEPHONE (386) 672-4313

July 9, 2020

State of Florida Division of Corporations - Reg. Section PO Box 6327 Tallahassee FL 32314

RE: To Your Health LLC

Amendment to change name of sole managing member

Dear Registration Section:

Enclosed is the following for filing with the State:

- 1. Articles of Amendment to Articles of Organization of TO YOUR HEALTH LLC (This Amendment just changes the name of the sole managing member. The individual is the same person, the name is just changing.)
- 2. \$25.00 filing fee

Please mail and/or email (<u>kramerlegal@aol.com</u>) confirmation of the recorded Amendment to me at the above address. Thank you very much for your assistance in this matter. Please do not hesitate to contact me if you have any questions regarding this matter.

Very truly yours,

Robert E. Kramer

Robert E. Kramer

REK/jeo Enclosure(s)