

L1100004198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

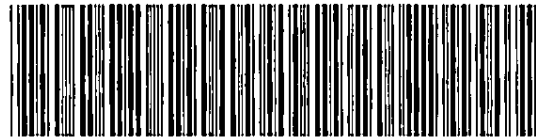
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/14/17--01027--023 **25.00

FILED
2018 JAN 23 A 8:55

D. SCOTT
JAN 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2017

JOHN WARD
33 WINCHESTER RD
ORMOND BEACH, FL 32174

SUBJECT: IONMYHEALTH, LLC
Ref. Number: L11000004198

We have received your document for IONMYHEALTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Are you changing the registered agent to John Ward, and adding him as the Authorized Person on page 2 of 3. If so please amend application to reflect those changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 717A00025654

RECEIVED
JAN 23 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IONMYHEALTH LLC

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:

John Ward Managing Member

Name of Person

WARD GROUP HOLDINGS LLC

Firm/Company

33 Winchester Road

Address

Ormond Beach Florida 32174

City/State and Zip Code

Jward@ionmh.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Ward MGR

386 5663892
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IONMYHEALTH LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/11/2011 and assigned
Florida document number L11000004198.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MY24 LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

333 West Granada Blvd Suite 230

Ormond Beach Florida 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

John Ward

New Registered Office Address:

333 West Granada Blvd suite 230

Enter Florida street address

Ormond Beach

Florida 32174

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 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.

John Ward
If Changing Registered Agent, Signature of New Registered Agent

John WARD mgr member
New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR/member	John WARD	ORMOND Beach FL 32174 333 West GRANADA Blvd	<input checked="" type="checkbox"/> Add
old	DANIEL Friebis		<input type="checkbox"/> Remove
New	John WARD Registered Agent		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2010 JUN 23 A 8:35
☒ Remove
☒ Change
☒ Add

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We are only changing Name of company and some address

Changing Registered Agent

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2018 JAN 23 A

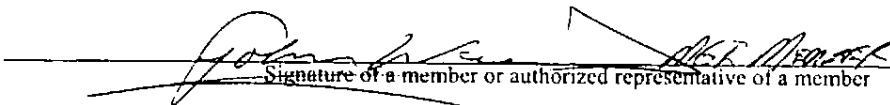
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 18, 2017


Signature of a member or authorized representative of a member

John Ward as Ward Group Holdings LLC

Typed or printed name of signer