# L12000077892

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
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2025 JAN 24 AM 8: 18

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: E & E /S/and healty LL ( 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:						
Lawrowe He Feder Name of Person						
Feder & Fools						
3900 Hollywood BIND #103						
Holly Wood Ft 3707/ City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Lawrence H- Feder at (954) 962 55 H Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)						

### Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our record bility Company)	<u>N.Y</u>
The Articles of Organization for this Limited Liability Company w Florida document number L12000077892.	ere filed on 06/12/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		•
New Registered Office Address.	Enter Florida street addres	S
	, Fle	orida
	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 canacity. I fu	ethar agrae to comply with th

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Type of Action
MGRM	MICHAEL ZVITI	1850 S OCEAN BLVD UNIT 2909 HALLANDALE	.B □Add
			_ <b>≡</b> Remove
			□Change
MGR	MICHAEL ZVITI	1850 S OCEAN BLVD UNIT 2909 HALLANDALE	B ■Add
			_ □Remove
			□Change
			□Add
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		<del></del>	JAN 24 AN 1
			FILED  ABOUT AND 24 AM 8: 18  ABOUT AND STATEMENT OF REMOVE
		<del>-</del>	
			_ DChange

Effective date, if other than the date of filing:  [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day  Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) 's after filing.) Pursuant to 605.0207 (3)(b ts, this date will not be listed as the
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.	of: (b) The 90th day after the
Ad is filed.	. 2
Dated 1/17/25	D25 JAN
1126	2025 JAN 24 AM 8: 18

Filing Fee: \$25.00