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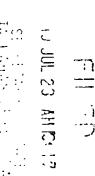
Requestor's Name)	
Address)	
Address)	
City/State/Zip/Phone #)
☐ WAIT	MAIL
Business Entity Name)
Document Number)	
Certificates o	f Status
to Filing Officer:	-
	WAIT Business Entity Name Document Number)

Office Use Only



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COVER LETTER

CHRICT.	LUNGEVITY	HEALTHCARE LLC.	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
		LEONIDAS <u>FENELON</u>	
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy			
	LU	NGEVITY HEALTHCARE LLC.	
			
		6761 W. SUNRISE BLVD # 6	
		Address	
	PL_{I}	ANTATION,FL, 33313	
	LEOFENE		
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
YVES DELVA-FENELO	ON		
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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**

LUNGEVITY HEALTHCARE	LLC.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number	were filed on 12/05/2012 and assigned	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
NASAM LLC.		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6761 W. SUNRISE BLVD # 6.	
Principal office address MUST BE A STREET ADDRESS)	PLANTATION, FL 33313	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City Zip Code	

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
			□ Add
			☐ Remove
			Change
			□ ∧dd
			□ Remove
			Change
	 		
		<u> </u>	Remove
		····	
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
		<u> </u>	Remove
			☐ Change

07/16/2019	_
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ective date, if other than the date of filing: (optional)	
n 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 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cument's effective date on the Department of State's records.	505.020 isted a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie The 90th day after the record is filed.	rlier d
07/16/2019 ted	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00