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(Re	equestor's Name)	
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**S Warren** JUN 2 8 2016

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	Health Name of Limit	Bay LLC ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	E	Lgar Matta Name of Person	
		M Enterprise	
	2500	Sw 107 Ave	#8
-	Mian Edgarma Email address: (t	City/State and Zip Code  Har Dellouth  o be used for future annual report notificat	ret ion)
For further information conc	erning this matter, please ca	11:	
Edgar W Name of Pe	atta	at (305) 322-5 Area Code Daytime Te	140 lephone Number
Enclosed is a check for the f	ollowing 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Health Bay	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						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	ity company her	<u>·e</u> :				
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the de	signation "LLC" or t	the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)		N	<u> </u>			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		N	A			
B. If amending the registered agent and/or registered office address here:		our records, er	nter the name of the new			
Name of New Registered Agent:			1			
New Registered Office Address:	Enter Flori	da street address	A			
		لد المساعة				
<del></del>	City	, Florid:	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of n rovided for in Cl	ny duties, and 1: hapter 605, F.S.	am familiar with and Or, if this document is			

Page 1 of 3

If Changing Registered Agent, Signature of 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 Title **Name** Address Type of Action MGRM Angela M. Ocampo 8600 NW South River Add

Suite 108

Medley Fl 33166 Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add □ Remove <u>₩</u>□ Add 5 Remove ☐ Change

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Filing Fee: \$25.00