

JUL/27/2016/WED 1:55 PM

FAX No.

P. 001/004

7/27/2016

Division of Corporations

L130000102955

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000180252 3)))



H160001802523ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

16 JUL 27 AM 11:16
TALLAHASSEE, FLORIDA

FILED

2016 JUL 27 AM 11:19

TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
H & N WELLNESS SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 28 2016

Y SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H & N WELLNESS SOLUTIONS, 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 07/22/2013 and assigned
Florida document number L13000102955

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability company here:

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

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 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:

SHAREEFAH FAREEDAH BRAND

New Registered Office Address:

950 N. KROME AVE STE 200

Enter Florida street address

HOMESTEAD

Florida 33030

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR - AMB	SHAREEFAH F. BRAND	29430 SW 155 AVE	<input checked="" type="checkbox"/> Add
		HOMESTEAD FL 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JULIAN A LONDONO	8760 SW 133 AVE RD APT 102	<input type="checkbox"/> Add
		MIAMI FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ASST SE	CATALINA M. LONDONO	8760 SW 133 AVE RD APT 102	<input type="checkbox"/> Add
		MIAMI FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ASST SE	LAURA I. LONDONO	8760 SW 133 AVE RD APT 102	<input type="checkbox"/> Add
		MIAMI FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 JUL 27 AM 11:55
 TALLAHASSEE, FLORIDA
 RECEIVED

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

10 JUL 27 AM 11:17
Bureau of State
TALLAHASSEE, FLORIDA

1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

E. Effective date, if other than the date of filing: 07/26/2016 (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.

(b) The 90th day after the record is filed.

Dated

7/26/2016

Signature of a member or authorized representative of a member

MGM R

Typed or printed name of signer