

7/12/16 Jul. 14. 2016 10:31AM

Division of Corporations

No. 9334 P. 2

L/3000167085

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.

((H16000167806 3)))



H160001678083ABC2

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 : STOK FOLK + KON
Account Number : I20130000060
Phone : (305)935-4440
Fax Number : (305)935-4470

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

Email Address:

jkon@stoklaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MILE HIGH HEALTH, LLC

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

2016 JUL 14 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 14 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

Jul 14, 2016 10:31AM

No. 9334 P. 1



July 13, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MILE HIGH HEALTH, LLC
18851 NE 29TH AVENUE
1005
AVENTURA, FL 33180US

SUBJECT: MILE HIGH HEALTH, LLC
REF: L13000167085

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000167806
Letter Number: 816A00014597

2016 JUL 14 AM 11:03

RECEIVED
TALLAHASSEE FLORIDA

Jul 14, 2016 10:31AM

H160001678063

No. 9334 P. 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Mile High Health
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:

Joshua R. Kon

Name of Person

SHK FDIK + KON

Firm/Company

18851 NE 29 Ave Suite 1005

Address

Aventura, FL 33180

City/State and Zip Code

JKON@shkfdi.com

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

For further information concerning this matter, please call:

Joshua R. Kon

Name of Person

at 305 935 4440

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

H160001678063

Jul 14, 2016 10:31AM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 9334

FILED

2016 JUL 14 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mile High Health

(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 12/2/13 and assigned
Florida document number L13000167085

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

H160001167085 n 2

Jul. 14. 2016 10:31AM

H16000 + 678063

No. 9334 P. 5

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
MGR	Joseph Kon	18851 NE 29 Ave	<input checked="" type="checkbox"/> Add
		Suite 1005	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	Robin Kon	18851 NE 29 Ave	<input checked="" type="checkbox"/> Add
		Suite 1005	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	Jacob Kon	18851 NE 29 Ave	<input type="checkbox"/> Add
		Suite 1005	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 JUL 14 AM 8:15
SECRETARY OF STATE
TAMARA LORR

FILED

H16000 + 678063

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

FILED
2016 JUL 14 AM 8:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

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, July 11, 2016

Joseph K. K.

Signature of a member or authorized representative of a member

Jacob Kon

Typed or printed name of signee