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(City/State/Zip/Phone #)

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(Business Entity Name)

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16 MAY 31 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Health byChoice FL LLC
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:

Nicole Nguyen VAN Binh (owner)

Name of Person

Health bychoice FL

Firm/Company

17971 biscayne blvd # 110

Address

Aventura, FL 33160

City/State and Zip Code

NicoleVANbrown@gmail.com

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

For further information concerning this matter, please call:

Nicole NGUYEN VAN BINH

Name of Person

at (954) 540 1648

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

**TO
ARTICLES OF ORGANIZATION
OF**

Health by choice Florida, 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 12.06.2013 and assigned Florida document number L13000170475

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17971 Biscayne Blvd #110
Aventura, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17971 Biscayne Blvd #110
Aventura, FL 33160

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:

Ms Nicole NGUYEN VAN BINH

New Registered Office Address:

17971 Biscayne Blvd #110

Enter Florida street address

Aventura

City

Florida

33160

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

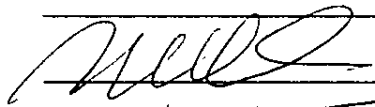
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Ms</u>	<u>Kathy Waldhof</u>	<u>unknown</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

To whom It may Concern,
I certify being the owner and president of
health by choice FL LLC, I need the address to
be corrected and all mails to be sent to
this address, (only Suite number is different).
I have not been receiving my mails
from the division of corporations, therefore
please let me know if this year
corporation had been duly filed and
payed for.
Thank you regarding this matter.



Nicole Nguyen Van Binh
954 S.W. 1648

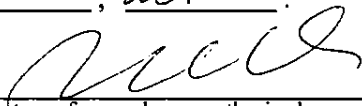
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 24th, 2016



Signature of a member or authorized representative of a member

Nicole Nguyen Van Binh

Typed or printed name of signee

16 MAY 31 PM 5:35
RECEIVED
FALL AND SPRING
FLORIDA