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COVER LETTER

TO:	Registration Se Division of Cor		·	
SUBJI	rct.		Desta, LLC	
SUDJ.	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Christopher Smith	
			Name of Person	
			Desta, LLC	
			Firm/Company	
		584	0 Red Bug Lake Road #1501	
			Address	
		,	Winter Springs, FL 32708	
		-	City/State and Zip Code	
			ifo@destahealth.com to be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please c	·	,
	Christophe		at (407) 883-1102	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
2 \$2	5.00 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

	Desta, LLC		
(Name of the Limited) (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	02/10/2014	and assigned
Florida document numberL14000024789	·		
This amendment is submitted to amend the follow	ing:		31.52
A. If amending name, enter the new name of the	e limited liability company ho	<u>ine:</u> 등등 등등 등등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the o	lesignation "LLC" or the al	bbreviation LIC."
Enter new principal offices address, if applicable	le:	STAT	= 0
(Principal office address MUST BE A STREET)	ADDRESS)	DA 0	38
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		Bug Lake Road #150 prings, FL 32708	1 .
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter	the name of the ne
registered agent and/or the new registered orne	e audi ess nere.		
Name of New Registered Agent:			
New Registered Office Address:		Lake Road #1501	
-	Enter Flo	rida street address	
	Winter Springs	, Florida	32708
	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:

<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Add
		<u> </u>	Remove
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Add
			Remove
			OF PORTS
			STATE Remove

_ Change

fective date, if other than than effective date is listed, the date mote: If the date inserted in this becument's effective date on the I	ust be specific and cannot be prior to date of filing or more to block does not meet the applicable statutory filing re-	(optional) than 90 days after filing.) Pursuant to 605.020 equirements, this date will not be listed a
record specifies a delaye The 90th day after the re	ed effective date, but not an effective time cord is filed.	e, at 12:01 a.m. on the earlier
05/03/2016	3:00pm	
ited	A) 4	The state of the s
	Kesteplin Sul m. S.	
	Signature of a member or authorized representative of a	52 70 A
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Christopher M. Smith Typed or printed name of signee	Y OF STATE ORIDA

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Filing Fee: \$25.00