## L14 0000 72 FOY

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

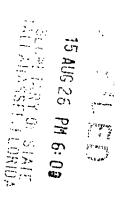
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## **COVER LETTER**

HYGEA A	CQUISITION LONGWOOD,	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Lacy Loar		
		Name of Person	
	Hygea Holdings Corp		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2060 Dartmouth Ave N		
		Address	· · · · · · · · · · · · · · · · · · ·
	St Petersburg, FL 33713		
		City/State and Zip Code	
	lacycatpaw@aol.com		<u> </u>
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Lacy Loar		727 798-9812 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited I Florida document number L14000032804	Liability Company were filed	on <u>02/26/2014</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	any 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 appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		ess on our records, <u>ente</u>	r the name of the new
New Registered Office Address:	2060 Dartmouth Ave N		62
New Registered Office Address.	En	ter Florida street address	
	St. Petersburg	, Florida	33713
	City		Zi ze Zip Gode
New Registered Agent's Signature, if changing	Registered Agent:		ing the second s

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> **Address Type of Action** Name 1 □ Add ☐ Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change

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Note: If the date	s listed, the date must he inserted in this block tive date on the Dep	k does not mee	et the applicable					
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Typed or printed name of signee

Filing Fee: \$25.00