## 114000117041

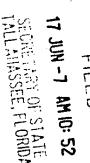
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S. WARREN
JUN 0 8 2017

## **COVER LETTER**

TO: Registration Se Division of Cor			
CHDIECT.		ROUND LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	GARY WAIN		
		Name of Person	
		Firn/Company	
	3913 ERNE STREET		
		Address	
	PALM HARBOR, FLORII	DA 34683	
		City/State and Zip Code	
	Whammy 112 C E-mail address: (1	GMAIL. COM to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
GARY WAIN		at () 492-4569 Area Code Daytimo	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne 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

TIRES GO ROUND LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our record Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on 07/25/2014	and assigned
Florida document number L14000117041		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
HEALTH CARE INDUSTRIES PLUS LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	-	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he  Name of New Registered Agent:		s, enter the name of the n
New Registered Office Address:	Enter Florida street addres	55
	151	autala
<del></del>	City	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	e performance of my duties, and provided for in Chapter 605,	nd I am famtliar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** □ Add □ Remove \_□ Change □ Add \_□ Remove \_□ Change \_□ Add \_□ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove \_ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Effective date, if other the office of the date is listed, the office of the date inserted in document's effective date of	this block does not meet th	ne applicable statuto	ng or more than 90 day ry filing requirement	(optional) s after filing.) Purs s, this date will	suant to 605.0207 (3 not be listed as th
he record specifies a d The 90th day after th	elayed effective date, ne record is filed.	but not an effec	tive time, at 12:	01 a.m. on t	the earlier of:
Dated JUNE 1	201	7		<b>→</b> !:	<u>.</u>
$\overline{\mathcal{A}}$		<del></del> ,			F JUN J
	Signature of a member	er or authorized repres	entative of a member	- SSE	FILE 1-17
GARY WAIN				#1 [MC	<b>A</b> D

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00