# L15000)43092

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#### **COVER LETTER**

TO: Registration Section Division of Corporations

## HEALTH FASHION SPORTLLC

SUBJECT:

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:

## PABLO A RODRIGUEZ

Name of Person

## BEST QUICK TAX RETURNS

Firm/Company

## 320. SOUTH BUMBY AVE SUITE 10

Address

ORLANDO, FL 32803

City/State and Zip Code

BQITR@MSN.COM

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

For further information concerning this matter, please call:

## PABLO A RODRIGUEZ

at (407) Area Code Daytime Telephone Number

Name of Person

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTH FASHION SPO			
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Florida document number L1500043092	Liability Company were filed on <u>0</u>	3/09/2015 and as	ssigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
The new name must be distinguishable and end with th	e words "Limited Liability Company," the	designation "LLC" or the abbreviation	·llC."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>	
		92. 18	
			 <del></del> .
Enter new mailing address, if applicable:		[11]	۲۰۱
Mailing address MAY BE A POST OFFICE	<u> </u>	FL 194 E	
	<u></u>		
		(C)	
3. If amending the registered agent and egistered agent and/or the new registered of		our records, <u>enter the name</u>	of the
Name of New Registered Agent:	CIERRA D'ALMEIDA		
New Registered Office Address: 13506 SUMMERPORT VILLAGE PARKWA			E 723
	Enter Flo	rida street address	
	WINDERMERE	Florida 34786	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GEORGE D'ALMEIDA	13506 SUMMERPORT VILLAGE PARKWAY	□ Add
		WINDERMERE, FL 347	
<del></del>			□ Add
			Remove
<del></del>	<u></u>		Add
			Remove
			Remove
			<u>_</u>
<del></del>			□ Add
			Remove
			Remove

X. If amending any other information, enter change(s) here: (Attach ad	daitional sheets, if necessary.)
•	
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· · · · · ·	
Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and ca the date this document is filed by the Florida Department of State)	nnot be more than 90 days after
Dated FEBRUARY 02 2018	
Diesseit Almeida	
Signature of a member of authorized represen	tative of a member
CIERRA D'ALMEIDA	
Typed or printed name of sign	nec

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Filing Fee: \$25.00