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	Registration Se Division of Cor			
SUBJEC		n Health Solutions, LLC.		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Mitchell Stovring		
			Name of Person	
		Southwest Professional Se	ervices of So. FL, Inc.	
			Firm/Company	
		13571 McGregor Blvd #22	2	
			Address	· · · · · · · · · · · · · · · · · · ·
		Fort Myers FL 33919		
			City/State and Zip Code	
		southwestprofserv@earthlin		
For furth	er information c	e-mail address: (to be used for future annual repoalli:	rt nouncation)
Mitchell	Stovring		239 481-44 at ()	
	Name o	f Person	Area Code D	Paytime Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 \$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

Palm Beach Health Solutions, LLC.				
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)			
The Articles of Organization for this Limited Lia	ability Company were filed on 7/15/15	and as	ssigned	
Florida document number L15000121272				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
Healthy Living Worldwide, LLC.				
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "I	L.L.C."	
Entor now principal offices address if applica	No.			
Enter new principal offices address, if applica				•
(<u>Principal office address MUST BE A STREET</u>	(ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u></u>			
		. 	<u></u>	٠,
			w	
B. If amending the registered agent and/o	r registered office address on our records, ente	er the name	of the r	 iev
registered agent and/or the new registered offi		711	P :	74
		; · · · · · · · · · · · · · · · · · · ·	ယ	٠
Name of New Registered Agent:		. <u>25</u> 5	у, сл	٠٠.
Thanks of New Registered Argent.			- 60	
New Registered Office Address:				
	Enter Florida street address			
	, Florida			•
	City	7in Cada		

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:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ☐ Add _□ Remove ☐ Change _□ Add _□ Remove _□ Change _□ Add □ Remove _☐ Change رَي کِي _**⊡ Add** ြ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove

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