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SECRETARY OF STATE

APR 21 2016 S. YOUNG

## **COVER LETTER**

TO:	Registration Sec Division of Cor				
		HEALTH WIT	HIN ENTERPRISES LLC		
SUBJECT:		Name of Limi	ted Liability Company	<del> </del>	
		Amendment and fee(s) are submodence concerning this matter			
		MA	RTIN R. MALLINGER, ESQ.		
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
	LANDIS & MALLINGER, P.L.  Firm/Company				
	980 NORTH FEDERAL HIGHWAY, SUITE 302		TE 302	TE HAR 20 PM 2:	
	Address  BOCA RATON, FLORIDA 33432			<b>5</b>	
				20 20	
			City/State and Zip Code	<del></del>	PH
Martin@landisandmallinger.com			2: 18		
		E-mail address: (1	o be used for future annual report notif	ication)	<b>α</b>
For fur	ther information co	oncerning this matter, please ca	dl:		
	Marti	n R. Mallinger	561 391-5506		
	Name of	f Person	at ()at () Daytime	Telephone Number	
Enclose	ed is a check for th	e following amount:			
□ \$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)	ı
		ING ADDRESS:	STREET/COURI		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	HEALTH WITHIN	ENTERPRISES LLC	
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A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida  Florida  Florida		were filed on 02/02/2016	and assigned
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 applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	This amendment is submitted to amend the following:		
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172 NW 51st Street Unit 6   Boca Raton, FL 33431   Property of the new mailing address, if applicable:   172 NW 51st Street Unit 6   Boca Raton, FL 33431   Property of the new mailing address MAY BE A POST OFFICE BOX   Boca Raton, FL 33431   Property of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:	-	lity Company," the designation "LLC" or the	<u> </u>
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Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  , Florida	• • • •		<u>N</u>
, Florida	registered agent and/or the new registered office address her  Name of New Registered Agent:	<u>e</u> :	r the name of the new
City Zip Code		City , Florida _	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:

MGR = ' M AMBR = A	lanaģer uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effect Note: If	e date, if other than the date of filing:	207 (3) as the
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.	of:
Dated	APRIL 19 , 2016 .	
	Signature of a member or authorized representative of a member	
	Martin R. Mallinger, Esq.	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00