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J. HARRIS

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|--|--|
| SUBJECT: 14E | ALTHY MINOR | er Lic | |
| | | ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | OLUYES | MISI SONOUCI T | ΔΜ |
| | HEALTHY | MINORS LLC Firm/Company | |
| | <u>6525</u> 3rd | STREET SUITE IC | 06 |
| | ROCKLEDGE | City/State and Zip Code Goldo Con To be used for future annual report notice | |
| | 1 49 1 SEG (E-mail address: | yoh do con to be used for future annual report noti | fication) |
| For further information co | ncerning this matter, please ca | | |
| OLUYEMISI Name of | SONOIKI MI Person | at (850) 766 Area Code Daytime | 2968 e Telephone Number |
| Enclosed is a check for the | e 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 Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
|--|
| The Articles of Organization for this Limited Liability Company were filed on 2 25/2016 and assigned |
| Florida document number <u>L16000039620</u> |
| 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 "L.L.C." |
| Enter new principal offices address, if applicable: RIVERVIEW TOWER |
| (Principal office address MUST BE A STREET ADDRESS) 6525 3rd STREET SUITE 106 |
| ROCKLEDGE, A 32955 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) P.O.BOX 411569 (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 no registered agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: 6525 3'd STREET SUITE 106 Enter Florida street address |
| City Florida 32955 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 |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

2

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 $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|--|----------------|
| <u>Title</u> | Name | <u>Address</u> | Type of Action |
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| Effective date, if other than the date of filing: | |
| factive date, if other than the date of filing: | Pursuant to 605.0 will not be listed |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on The 90th day after the record is filed. | |
| Dated January 4th 32, 2017. | on the earlier |
| | 17 |
| | on the earlier $\frac{17}{400}$ |

Page 3 of 3

Filing Fee: \$25.00