

L16000097433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

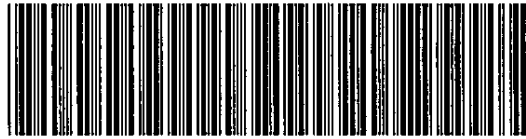
(Business Entity Name)

(Document Number)

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2016 AUG 29 P 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 29 10:13
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HLTD Investment, LLC
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:

DARYOUSH ZAFAR
Name of Person

40 29 Light house Lane
Address

Naples, FL 34112
City/State and Zip Code

drdaz2000@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daryoush Zafar at (239) 229-5056
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2016 AUG 29 PM 3
TALLAHASSEE, FL
SECRETARY OF STATE

TO
ARTICLES OF ORGANIZATION
OF

HLTD Investment, LLC

(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 05/20/2016 and assigned Florida document number L16 0000 97433

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HEALTHBYDNA, LLC

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

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SARAJ, HAMED	711 PARAMUS RD	<input type="checkbox"/> Add
		PARAMUS, NJ 07652	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SARAJ, LINDSAY	711 PARAMUS RD	<input type="checkbox"/> Add
		PARAMUS, NJ 07652	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAYS, TOM JR.	1342 S.W. 5TH AVE	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FLORIDA

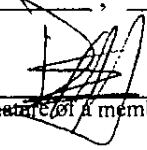
Lined area for document content.

E. Effective date, if other than the date of filing: 08/25/2016 (optional)
(If an effective date is listed, the date must be specific, and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED
2016 AUG 29 11:31
TALLAHASSEE
FLORIDA
STATE

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 08 / 25, 2016.



Signature of a member or authorized representative of a member
DARYOUSH ZAFAR

Typed or printed name of signer