1/6000102862

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000295007660

02/14/17--01002--028 **25.00

2017 FEB 13 PM 3: 54

2017 FEB | 3 PN 2: 5

K. SALY FEB 1 5 2017

COVER LETTER

TO: Registration S Division of Co			
	althier Living LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub	_	
	Gustavo Rodrigo Ezquerra	1	
•		Name of Person	· · · · · · · · · · · · · · · · · · ·
	ARG Healthier Living LL	С	
		Firm/Company	
	21441 N.W. 2nd Avenue		
		Address	- 10.70 - 10.0 - p.p. lado
	Miami Gardens, FL 33169	•	
		City/State and Zip Code	
	rodrigo.ezquerra@me.com	to be used for future annual report notif	•
For further information	concerning this matter, please co	•	
Gustavo Rodrigo Ezqu	егта	646 531-1313	
Name	of Person	Area Code Daytimo	e Telephone Number
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

FIL	ED
TOTTEB 12	_
SECNE TARY OF	^{FM} 2:57 Estaro

ARG Healthier Living LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A	Florida Limited I.	Liability Company)		OFE. FLORIDA
The Articles of Organization for this Limited Liab Florida document number L16000102862	ility Company	were filed on 05/26	/2016	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	e limited liab	ility company here	:	
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		21441 N.W. 2nd Avenue		
(Principal office address MUST BE A STREET ADDRESS)		Miami Gardens, FL 33169		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered of		L 33169	the name of the new
-	21441 N.W. 2n	d Avenue		
New Registered Office Address:	Enter Florida street address			
	Miami Gardens	; ,	, Florida 331	69
	······································	City	, 1101144	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete ered agent as p gistered office	performance of m provided for in Ch	y duties, and I am fo apter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2017 FEB 13 PM 2:58 **Type of Action** Title Title <u>Address</u> <u>Name</u> SECRETARY OF STATE TALLAHASSEE FLORIDE □ Add □ Remove □ Change _□ Add _□ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	FILE
	2017 FEB 13 PM 2:58
	2011 FEB 13 PM 2-5
	SEURETARY OF STATE FALLAHASSEE. FLORIDA
	TALLAHASSEE FLORIE
	· Cording
· · · · · · · · · · · · · · · · · · ·	
	144.1. 14. 14. 14. 14. 14. 14. 14. 14. 1
	
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and ca Note: If the date inserted in this block does not mee document's effective date on the Department of Stat	(optional) nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 t the applicable statutory filing requirements, this date will not be lister's records.
the record specifies a delayed effective dat) The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlie
Dated January 4	2017
Signature of a med	ther or authorized representative of a member
C	ustavo Rodrigo Ezquerra
	rped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00