

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Name : UNION HSA LLC

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Corporate Filing Menu

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S Warren

OCT 06 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as	it now appears on our records.)		
The Articles of Organization for this Limited Li Florida document number L16000117565			and assigned	
This amendment is submitted to amend the following	owing:	,		
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability C	ompany," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applic	able:	<u>.</u> + <u>C</u>		
(Principal office address MUST BE A STREE		12	C. S. Complete	
(Transpar Office unit is 17100 x DD 7101 x CD		runs profits	ent comments	
		7.70	in	
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Enter new mailing address, if applicable:	-		P 🖯	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
	_	<u> </u>	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			the name of the new	
Name Descriptional Office Address.	1018 Tourmaline Dr	tive		
New Registered Office Address:	Enter Florida street address			
	Kissimmee	, Florida		
		City , Florida	Zip Code	
New Registered Agent's Signature, if changing]	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to er and complete per stered agent as prov registered office add	formance of my duties, and I am j rided for in Chapter 605, F.S. Or,	familiar with and if this document is	
	If Changing	Registered Agent, Signature of New Re	eistered Agent	

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

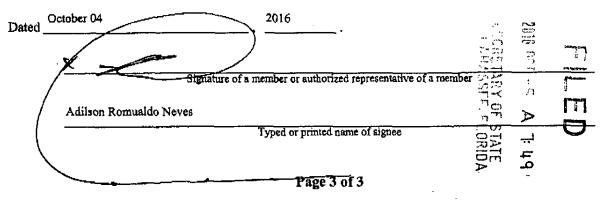
MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Gabrielle C Torres Neves De Souza	1018 Tourmaline Drive	☐ Add
		Kissimmee, FL 34746	≅ Remove
			Change
AMBR	Gabrielle C Torres Neves De Souza	1018 Tourmaline Drive	□ Add
		Kissimmee, FL 34746	■ Remove
	·		Change
MGR	Adilson Romualdo Neves	1018 Tourmaline Drive	
		Kissimmee, FL 34746	☐ Remove
			☐ Change
	<u>* 1911 - * 1771 - 1</u>	· · · · · · · · · · · · · · · · · · ·	Add
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ive date, if other than the date of filing: _			(optional)	
fective date is listed, the date must be specific and can If the date inserted in this block does not meet ment's effective date on the Department of State	mot be prior to date t the applicable s	of filing or more tha	n 90 days after filing.) P	ursuant to 60: ll not be list

(b) The 90th day after the record is filed.



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