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PICK-UP	WAIT	MAIL
' (Bu:	siness Entity Name	e)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2019: 125 71 9: 10

## **COVER LETTER**

Division of Corp	orations		
SUBJECT:	HEALTHY FINANCIAL	S INVESTMENTUL	
<del></del>	Name of Limi	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:	
	GUITRY	GACHCUM Name of Person	
		Name of Person	
		Firm/Company	<u> </u>
	1820 NE	1/3 74 St 303 Address	
		Augress	
	NORT M	ATTI BEACH, FL 33/6 City/State and Lip Code	.2
		City/State and Zip Code	<del></del>
	Email address: (	(a) EMAIL. COFT.	ication)
		·	Carony
For further information co	neerning this matter, please ca	ill:	
GUITE!	GACUCLIA	11 960 1 657 S	993N
Name of	Person	at ( <u>959</u> ) <u>557</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30,00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
•	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(	(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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 28131. 25 #11 9: 10

HEALTHY FINAN	IGIALS TNVESTALENT	. <i>U.</i>
(Name of the Limited Lia (A Flo	mendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  whame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  new principal offices address, if applicable:  sipal office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)  f amending the registered agent and/or registered office address on our records, enter the name of the new ered agent and/or the new registered office address here:	
The Articles of Organization for this Limited Liabilit	y Company were filed on	8/19/2016 and assigned
This amendment is submitted to amend the following	<u>;</u> :	
the Articles of Organization for this Limited Liability Company were filed on		
The new name must be distinguishable and contain the words."	Limited Liability Company," the des	ignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
the Articles of Organization for this Limited Liability Company were filed on		
	reganization for this Limited Liability Company were filed on	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
	<del>-</del>	
registered agent and/or the new registered office a		our records, <u>enter the name of the new</u>
Name of New Registered Agents		
New Registered Office Address:	Enter Florid	a street address
The Articles of Organization for this Limited Liad forida document number		. Florida
<del></del>	City	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 tosmerely 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GUYSLARN GUTRY GACHFUN	_ 1820 NE /63 rd St, 303	O Add
		NOSTH MATTI BEACH, FL, 3:3/62	□ Remove
			Change
MER	ANTOINE DAVID HAGE	1820 NE 1/23 7 St, 303.	<b>™</b> Add
		NORTH MIATTI GEACH, FL, 33/62	□ Remove
			🛘 Change
	***		🗖 Add
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Tective date, if other than the date of filing:  If the 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 6 mice. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be finement's effective date on the Department of State's records.  Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear The 90th day after the record is filed.  **ROWNIBE 16**	
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Signature of a member or anthorized representative of a member	
GUITRY GACHELIN Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00