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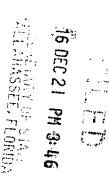
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| PICK-UP                      | WAIT            | MAIL       |
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| (Docur                       | ment Number)    |            |
| Certified Copies             | Certificates of | of Status  |
| Special Instructions to Fili | ng Officer:     |            |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section<br>Division of Corporat | ions                                  |  |  |
|--|---------------------------------------|--|--|
| SUBJECT: Share                                   |                                       | Health Cend Liability Company  | iter LLC   |
| The enclosed Articles of Amen                    | dment and fee(s) are submi            | itted for filing.  |  |
| Please return all correspondence                 | e concerning this matter to           | the following:   |  |
|  | Joseph                                | Time C. Chan   |  |
| _  |                                       | Name of Person   |  |
|  | · · · · · · · · · · · · · · · · · · · | Firm/Company   |  |
|  | 1827 Carl                             |  |  |
| _  |                                       | ner Glen Dr., Address  |  |
|  | Orlando                               | ,FL 32820  |  |
| <del>-</del>                                     | dr Josephin<br>E-mail address: (to    | TL 32820 City/State and Zip Code sechan@gmail. Cor be used for future annual report notifi | n<br>ication)  |
| For further information concern                  |                                       |  |  |
| Josephine C                                      | han                                   | at (407) 758-<br>Area Code Daytime   | 0179   |
| Name of Perso                                    | ın                                    | Area Code Daytime  | Telephone Number   |
| Enclosed is a check for the foll                 | owing amount:<br>\$30.00 Filing Fee & | ☑ \$55.00 Filing Fee &   | □ \$60.00 Filing Fee,  |
| 3C   | 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 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

| Sharon Holistic   | Health                                      | Center Llc.                           |               |                     |
|---|---|---------------------------------------|---------------|---------------------|
| Sharon Holistic Name of the Limited Liab  | ility Company as it<br>da Limited Liability | now appears on our records.) Company) |               |                     |
| The Articles of Organization for this Limited Liability Florida document number <u>L 1600021782</u>                                     | Company were f                              | iled on <u>December 1</u>             | 2016 and as   | ssigned             |
| This amendment is submitted to amend the following:   |   |                                       |               |                     |
| A. If amending name, enter the new name of the line Sharon Natural Med.  The new name must be distinguishable and contain the words "L. | dical                                       | Center Llc                            |               |                     |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI                                      | <u>7</u> (                                  | No change 31<br>Su<br>Or              |               | iire Blvd<br>132803 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | (   | (Nochange)                            |               |                     |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad   |   | ddress on our records, e              | nter the name | of the new          |
| Name of New Registered Agent:   | (no chan                                    | ge)/(N/A)_                            | SET C         | \$ 21849 A          |
| New Registered Office Address:  | (N/A)                                       | Enter Florida street address          | PH 9: 46      |                     |
| - turneturn   |   | , Florid                              | la <u></u>    |                     |

## 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

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                                  | Name      | Address                                 | Type of Action |
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Filing Fee: \$25.00