Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	,	
	Division of Corporations .	~
	Fax Number : (850)617-6383	2020
		907
From:	Account Name : PAGIO'S & ASSOCIATES, LLC	ਕੁੱਤ
	Account Number: I20100000043	Ō
	Phone : (305)397-8553	
	Fax Number : (305)397-8521	♪
		ထဲ
	the email address for this business entity to be used for future	_
Enter an	nual report mailings. Enter only one email address please.	ㄷ

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HEALTHICA, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

COVER LETTER

TO: Re Di	gistration Sect vision of Corpo	lon erations		
	HEALTHICA	A, LLC		
SUBJECT		Name of Limits	d Liability Company	
		•		
The enclose	ed Articles of A	mendment and fee(s) are subm	uitted for filling.	
Please retu	n all correspond	dence concerning this matter to	the following:	
		BERKAN KARALAR		
			Name of Person	
		HEALTHICA, LLC		·
•			Firm/Company	
		16950 NORTH BAY ROA	D, APT 1212	
			Address	
		MIAMI, FL 33160		
	•		City/State and Zip Code	
		berkankaralar@hotmail.com		
		E-mail address: (t	o be used for future annual report	nothicadon)
For further	r information co	ncerning this matter, please ca	il:	
BERKAN	I KARALAR	·.	305 927-865	
	Name of		Area Code Da	ytime Telephone Number
		į	·	•
Enclosed	is a check for th	e following amount:	·	•
€ \$25.0	0 Filing Fee	S30.00 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACHINE HER LEGISTELER OFFICE WAR.			
agent and/or the new registered office addre	ess bere:		
B. If amending the registered agent and/or	registered office address	on our records, enter t	
	-		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		——————————————————————————————————————
Enter new mailing address, if applicable:	 ·		
		<u> </u>	
(Principal office address MUST BE A STREE	<u> </u>		7070
Enter new principal offices address, if appli	cable:		
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC"	or the abbreviation "L.L.C."
·			
A. If amending name, enter the new name o	f the limited liability con	pany here:	•
This amendment is submitted to amend the foll	owing:		
Florida document number L17000056996	 ·		
The Articles of Organization for this Limited L	Montey Company were in		
ov. A children Commission for this Yimited T	iobility Company were file	ed on 03/14/2017	and assigned
The Articles of Organization for this Limited L		ow appears on opr records.) ompany) ed on 03/14/2017	and assigned

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.

15 Changing Registered Agent, Signature of New Registered Agent

H20000272106 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

<u> Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FEHMI GUNES	16950 NORTH BAY ROAD, APT 1212	2 □ Add
		MIAMI, FL 33160	■ Remove
	•		Change
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