

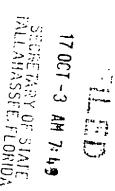
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COVER LETTER

TO:	Registration Se Division of Cor			
		Protecting	Health and Wealth, LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
Protecting Health and Wealth, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sonia Becerra Name of Person Swyft Filings, LLC Firm/Company 12605 East Freeway, Suite 509 Address Houston, Texas 77015 City/State and Zip Code filings@swyftfilings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Becerra Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Securificate of Status Certified Copy (duditional copy is enclosed) Certified Copy (duditional copy is enclosed)				
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings, LLC	
			Firm/Company	
		12	605 East Freeway, Suite 509	
		•	Address	
			Houston, Texas 77015	
			City/State and Zip Code	
				(continue)
For fu	ther information o		•	calion)
r Or Tui	thei mormation co	oncerning this matter, please ca	ati.	
			at (<u>877</u>) 777-04!	
Name of Person			Sonia Becerra Name of Person Swyft Filings, LLC Firm/Company 12605 East Freeway, Suite 509 Address Houston, Texas 77015 City/State and Zip Code filings@swyftfilings.com E-mail address: (to be used for future annual report notification) s matter, please call: at (877	
Enclos	ed is a check for th	e following amount:	,	
\$ 2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Protecting Health and Wealth, LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	-
The Articles of Organization for this Limited Liability Compar	ny were filed on	04/11/2017	and assigned
Florida document numberL1700080994			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			-,
FS 4			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, <u>ente</u>	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			SS & ST
	Enter Florid	da street address	
	City	, Florida _	2 × C/m
New Registered Agent's Signature, if changing Registered Agen	•		0.00
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of n s provided for in Ci	ny duties, and I am hapter 605, F.S. O	familiar with and r, if this document is

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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Hussam A Charif	15814 Spring Crest Circle	₫ Add
		Tampa, FL 33624	Remove
			☐ Change
			Add
			Remove
			Change
			
			□ Remove
			Change
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fective date, if other than the date of filing:		(0	ptional)	
an effective date is listed, the date must be specific and cannot ofe: If the date inserted in this block does not meet the	be prior to date of filin	g or more than 90 days a	after filing.) Pursu	ant to 605.0
ocument's effective date on the Department of State's r		ming requirements,	tras date will no	ot be fisted
e record specifies a delayed effective date, the 90th day after the record is filed.	out not an effect	ive time, at 12:0	1 a.m. on th	e earlier
September 28	2017			
\sim				
		tative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00