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(Requ	estor's Name)	
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SECRETARY OF STATE
SECRETARIASSEE, PLORDA

D. SCOTT MAY 8 2017

COVER LETTER

	gistration Sec vision of Corp				
SUBJECT:		Equipment LLC			
sebone.		Name of Lim	ited Liability Company		
The enclose	d Articles of /	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspor	ndence concerning this matter	to the following:		
		Guillermo Bello			
		-	Name of Person		
		Be Healthy Equipment LL	C		
			Firm/Company		
		175 sw 7th street Suite 201	0		
			Address		
		Miami Fl 33130			型公司
			City/State and Zip Code		19 三十
		dr.gbello@gmail.com			製了一
		E-mail address: (to be used for future annual report notific	cation)	SEC SEC
For further i	nformation co	ncerning this matter, please ca	ill:		三次 夏
Guillermo E	Bello		3 055469 : 3056993723		FILED WII: 26
	Name of	Person		Telephone Number	
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional co)	of Status &

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Be Healthy Equipments LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000092076</u> .	y were filed on April 25 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	175 SW 7th street suite 2305
(Principal office address MUST BE A STREET ADDRESS)	Miami Fl 33130
Enter new mailing address, if applicable:	175 SW 7th street suite 2305
(Mailing address MAY BE A POST OFFICE BOX)	Miami Fl 33130
	-in (4)
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	LINE 1 WING SILES MAN COS
	, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Roberto Calcano	175 sw 7th street suite 2010	Add
		Miami Fl 33130	■ Remove
			☐ Change
	.		Add
			Remove
			☐ Change
			□ Add
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			Change
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ective date, if other than the da	te of filing: May 1 2017	(optional)	26
effective 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	o 605.020
cument's effective date on the Depa	does not meet the applicable statutory furtment of State's records.	imig requirements, this date with not be	; iisteu a
	ffective date, but not an effective	e time, at 12:01 a.m. on the e	arlier o
he 90th day after the record	is filed.		
ned May 1	2017		
		THE	
	7 4	40	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00