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COVER LETTER

TO: Registration S Division of Co	ection rporations				
HCS Welli	ness LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Howard Steinberg				
Name of Person					
Firm/Company					
11 South Swinton Avenue					
	Address				
Delray Beach, FL 33444					
		City/State and Zip Code			
	howard.steinberg@me.com				
Confirme in Course		to be used for future annual report notif	ication)		
ror turmer information of	concerning this matter, please c	all:			
Howard Steinberg		561 997-4543			
Name o	of Person	at () Area Code Daytime	· Telephone Number		
Enclosed is a check for the	he 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 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HCS Wellness LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records nited Liability Company)	<u>i.)</u>
The Articles of Organization for this Limited Liability Com	pany were filed on 07/11/2017	and assigned
Florida document number L17000148607		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
"he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>s, </u>	36 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		S. S.
		1 grane
Inter new mailing address, if applicable:		131 - toning
Mailing address MAY BE A POST OFFICE BOX)		
		5. N
 If amending the registered agent and/or registere egistered agent and/or the new registered office address 	ed office address on our records here:	, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	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 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>	<u>Address</u>	Type of Action
MGR	HCS Group, LLC	11 South Swinton Avenue	
		Derlay Beach, FL 33444	■ Remove
			☐ Change
MGR	GS HC Group, LLC	11 South Swinton Avenue	⊟ Add
		Delray Beach, FL 33444	Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)				
·					
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 and 12:01 and 13:01 and 14:01 and 15:01 a	filing.) Pursuant to 605.0207 (3)(b) s date will not be listed as the				
(b) The 90th day after the record is filed.	on the carrier of				
Dated <u>august 10. 2017</u>	[A]				
Signature of a member or authorized refresentative of a member	N S S P P P P P P P P P P P P P P P P P				
Typed or printed name of signce	00				
Page 3 of 3					

Filing Fee: \$25.00