# 117000 177821

(Requestor's Name)  (Address)
(Address)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700323731137

01/28/19--01032--026

**∮**+38.00

SECTION AND TO SELVE

### **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: HTW Health Navigation Services, LLC
SUBJECT: HIW HEALTH IVAVI GATION SERVICES LLC 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:
rease return an correspondence concerning this matter to the following.
Telisa P. Lyons-Washington
HTW Health Navigation Services, LLC
1442 NW 2016th Ter
Miami Gardens, FL 33169 City/State and Rip Code
HTW Health (a GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Telisa P. Lyons-Washington at (305) 318-3060  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

### 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

FILED

	OF		2019	IAN 25 .	
H Tin Hack	Marian	L C	2017 10h	JAN 25 A	MIU: 21
Name of the Limited I	Liability Company Florida Limited Lia	as it now appears of bility Company)	on our records.	- 14.55	音響
The Articles of Organization for this Limited Liabi	ility Company w			017and	d assigned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	<u>e limited liabili</u> t	ty company here	<u>e</u> :		
The new name must be distinguishable and contain the words	s "Limited Liability	Company " the desi	ignation "LLC" or	the abbreviation	
Enter new principal offices address, if applicable		company: are des	ignation into or	the unore viaco	
Principal office address MUST BE A STREET A					<del></del> -
			<del></del> .		
Enter new mailing address, if applicable:		<del>-</del>			
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>				
B. If amending the registered agent and/or	registered offic	ce address on o	our records, g	enter the na	me of the new
registered agent and/or the new registered office	e address here:				
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida	a street address		<del></del>
_			, Florie	da	
		City		Zip C	'ode
New Registered Agent's Signature, if changing Regi					
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	and complete pe red agent as pro istered office ac	erformance of m ovided for in Ch	y duties, and a apter 605, F.S	I am familiar S. Or, if this c	with and locument is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed t	Authorized Person(s	s) authorized to mana	age, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	anager uthorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	Telisa P	Lyons-Washi	ylon 1442 NW 206th Ter Miami Gardens; FL 33	□ ∧ <b>ā</b> d
			Miami Gardens, FL 33	769□ Remove
				Change
	-			Add
				Remove
				Change
	<del></del>	<del></del>		□ Add
				□ Remove
				□ Change
				D Add
				□ Remove
				Change
		·		O Add
				□ Remove
				Change
		<del></del>		
				_□ Remove
				□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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 filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 a.m. on the earlier of (b) The 90th day after the record is filed.
Dated January 22 2019.
Signature of a member or authorized representative of a member
Telisa P. Lyons-Washington Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00