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(Requestor's Name)	
(Address)	(Address) (Address) (City/State/Zip/Phone #) (-UP
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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D SCOTT SEP 1 9 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eclipse	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
	liability Company were filed on <u>8.23-2017</u> and assign	ıed		
This amendment is submitted to amend the fol				
A. If amending name, enter the new name of	of the limited liability company here:			
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C"			
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	EBOX)			
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address on our records, enter the name of office address here:	the new		
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
	, Florida			
New Registered Agent's Signature, if changing				
provisions of all statutes relative to the propaction as reg	ed agent and agree to act in this capacity. I further agree to comply per and complete performance of my duties, and I am familiar with a istered agent as provided for in Chapter 605, F.S. Or, if this docume registered office address, I hereby confirm that the limited liability change.	ınd		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

	If amending A or removed fro	uthorized Person(s) authorizom our records:	ed to mana	age, enter the title, name, and address of each	person being added
	MGR = Man AMBR = Auth	ager norized Member			
	<u>Title</u>	<u>Name</u>		Address	Type of Action
۲,٦	MGR	Phillip J. Gar	<u>cia</u>	16529 Juy Lake Dr.	O Add
				Odessa FL 33556	□ Remove
					Change
21	MGR	Patrick Foot	 # <u></u>	St. Petersburg, FL	₩ Add
				St. Petersburg, FL	🗆 Remove
				33716	Change
(l))	POME Invist	Thent	ЦС	Add
					Remove
					Change
2		Healthy Body	Notaer	lerce	🗅 Add
		,			_ Remove
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Page 2 of 3

menumg any	other informati	ion, enter ch	ange(s) here:	(Attach additio	nal sheets, if n	ecessary.)	
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n effective date is ote: If the date i	other than the dilisted, the date must inserted in this blocking date on the Dep	be specific and ck does not m	cannot be prior to detect the applicable	date of filing or mo e statutory filing	re than 90 days af	tional) ter filing.) Pursuant his date will not b	to 605.02 e listed
record speci he 90th day	fies a delayed after the reco	effective da rd is filed.	ite, but not a	in effective tii	me, at 12:01	. a.m. on the ϵ	earlier
ted <u>So.//-</u>	14+1	,	2017				
		ignature of a n	1 2141 ember of authorize	ed representative of	f a member		
	Y	11 "					
			Typed or printedin	iame of signee	<u>cia,</u>	<u></u> .	_

Filing Fee: \$25.00