## H7000203162

(Re	questor's Name)	
(Ad	dress)	_
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## COVER LETTER

	Registration Se Division of Cor			
SUBJEC	EVERLAS'	T HEALTH LLC	*	
SUBJEC	·1:	Name of Lim	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	r to the following:	
		JESUS IRIZARRY, ESQ.		
			Name of Person	
		IRIZARRY MENDEZ PL		iling Fee, te of Status &
			Firm/Company	
		P.O. BOX 771713		
		<del></del>	Address	
		ORLANDO, FL 32877		
			City/State and Zip Code	
		INFO@IRIZARRYMEND	(to be used for future annual report notification)	
For furthe	er information co	oncerning this matter, please c	•	
JESUS II	RIZARRY, ESQ	).	321 300-4529	
	Name of	f Person	Area Code Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)   Certified Cop	f Status & oy
	Mailing Addres Registration S		Street Address: Registration Section	

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tallahassee, FL 32303

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVERLAST HEALTH LLC		
( <u>Name of the Lim</u>	ited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)
The Articles of Organization for this Limited I	Liability Company were filed	on 10/2/2017 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability comp	any here:
Ų.	,	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	FILED 2020 NOV 24 PM 1: 01
B. If amending the registered agent and/or agent and/or the new registered office addr		our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:		
New Registered Office Address:	390 N. ORANGE AVE., S	UITE 2300
non registered office ridgiess.	En	nter Florida street address
	ORLANDO	Florida 32801
	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>	Address	Type of Action
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			Remove
			□ Change
	<del></del>		□ Add
			□Remove
			20 □Change
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		November	13 2020			
ective date, if other than the offective date is listed, the date must		g:			(optional) vs after filing.) F	Pursuant to 605.020
te: If the date inserted in this blo cument's effective date on the De	ck does not n	neet the applic	able statutory	filing requiremen	its, this date w	ill not be listed a
tunion serieuve date on the De	partification of 5	nuic a records	•			
ecord specifies a delayed effective	date, but not	an effective ti	ime, at 12:01 a	.m. on the earlier	of: (b) The	90th day after th
s filed.						
November 13	_	2020				
		1/12				

Typed or printed name of signee