

NOV 29-2017 (WED) 10:32

Yo & Company CPA

(FAX) 813 914 9192

P 001/006

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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H170003125723ABC

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : YO & CO INC.
Account Number : I20130000055
Phone : (813) 914-9191
Fax Number : (813) 914-9192

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SYO@YOCOPA.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REGEN HEALTH LLC

Certificate of Status	0
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2017 NOV 29 PM 1:04

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Corporate Filing Menu

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NOV 30 2017

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COVER LETTER

H/70003125723

TO: Registration Section
Division of Corporations

SUBJECT: REGEN HEALTH 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:

SIN YO

Name of Person

SIN YO CPA

Firm/Company

8894 N 56TH ST

Address

TEMPLE TERRACE, FL 33617

City/State and Zip Code

SYO@YOCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIN YO

Name of Person

813 914-9191
at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the 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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H17000312572

REGEN HEALTH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/03/2017 and assigned
Florida document number L17000227832

This amendment is submitted to amend the following:

A. If amending name, enter the new name 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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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>	<u>Type of Action</u>
MGR	BAE, JUNG IN	9000 N FLORIDA AVE	<input type="checkbox"/> Add
		TAMPA, FL 33604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SEHN, JEONG GYU	9000 N FLORIDA AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

8:49

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 11-28-13

Jung In Ba O
Signature of a member or authorized representative of a member

~~Signature of a member or authorized representative of a member~~

John B.
Typed or printed name of signer

Typed or printed name of signer

NOV-29-2017(WED) 10:33
850-617-6381

Yo & Company CPA

11/29/2017 11:07:07 AM

(FAX)813 914 9192

P.002/006

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H170003125723

November 29, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

REGEN HEALTH LLC
9000 N. FLORIDA AVE.
TAMPA, FL 33604

SUBJECT: REGEN HEALTH LLC
REF: L17000227832

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet is still incorrect. The fax audit sheet submitted is for a LP/LLP (Limited Partnership). Please use a LLC fax audit sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: B17000310319
Letter Number: 817A00024034

2017 NOV 27 PM 1:04

TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314