## 1/80000203333

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>= #</del> )
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

N COOPER SEP 0 6 **2018** 

## COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	HealthCard	LLC		
		Name of Limi	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		David Feldbaum		
			Name of Person	<del></del>
		HealthCard LLC		
			Firm/Company	
		770 Leigh Palm Ave		
			Address	
		Plantation, Fl 33324		
			City/State and Zip Code	<del></del>
		feldbaumd@me.com		
		E-mail address: (t	to be used for future annual report notifier	ntion)
For further in	oformation co	oncerning this matter, please ca	all:	
David feldba	aum		305 978-8726 at ()	
_	Name of	Person	Area Code Daytime T	time Telephone Number  Second Filing Fee. Certificate of Status &
Enclosed is a	check for th	e following amount:		
<b>≘</b> \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

**Registration Section** 

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**

HealthCard LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/23/2018	and assigned
Florida document number L18000020333		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		SECAL I
		<del>ω 35</del>
		T F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	City	Zip Code

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	St Paul, Miguel	1900 South Treasure Drive APT 6G	
		North Bay Village Miami, Fl. 33141	
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			Add
			☐ Remove
			Change
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F Effecti	ive date, if other than the date of filing: (optional)	
(If an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records.	n de nsieu
If the red	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier
(b) the	John day after the record is med.	
Dated	8/28/18	
Dated		

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Filing Fee: \$25.00