# L18000062051

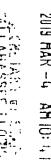
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## **COVER LETTER**

TO: Registration Se Division of Co			•
Go Health	Advisors LLC		2019
30b/EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	2018 HAR -4 AH 10: 1-1
Please return all correspo	ondence concerning this matter	to the following:	
	Justin Yan		7
	Catalyst Tax and Consultin	Name of Person	
	4911 Lyons Tehenology Pl	Firm/Company KWY	
	Coconut Creek. Fl 33073	Address	<del></del>
	billing@ghleads.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Justin Yan		970 412-6485	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 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

13 HAR

Go Health Advisors LLC

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

(A Horida Emilica i	Statistics Company)				
Liability Company	were filed on $\frac{03/0}{2}$	08/2018 and assigned			
new mailing address, if applicable:    Table 100 N Federal HWY					
of the limited liab	ility company her	<u>re</u> :			
words "Limited Liabil	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."			
ment number L18000062051  ment is submitted to amend the following:  ding name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:  ffice address MUST BE A STREET ADDRESS)  Suite 201  Boca Raton, FL 33487  mailing address, if applicable:  dress MAY BE A POST OFFICE BOX)  Boca Raton, FL 33487  moding the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here:  me of New Registered Agent:  w Registered Office Address:  4911 LYONS TECHNOLOGY PARKWAY UNIT: 3					
(Principal office address MUST BE A STREET ADDRESS)					
	Boca Raton, FL 33487				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)					
		CATALYST T	e: AX AND CONSUL	TING LLC	
Enter Florida street address					
COCONUT CE	REEK	, Florida 33073			
	City	Zip Code			
	lowing:  of the limited liab  words "Limited Liabi  cable:  ET ADDRESS)  Mor registered of office address her  CATALYST T  4911 LYONS	lowing:  of the limited liability company here words "Limited Liability Company," the decapte:  ET ADDRESS)  Boca Raton, FL  7300 N Federal Boca Raton, FL  7300 N Federal Boca Raton, FL  Boca Raton, FL  dor registered office address on office address here:  CATALYST TAX AND CONSULT  4911 LYONS TECHNOLOGY PA  Enter Florit  COCONUT CREEK			

#### 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
MGR	HUDSON GREY INVESTMENTS LLC	1300 NW 17th Ave	
		Suite 261	U Add
			■ Remove
		Delray Beach, FL 33487	
			□ Change
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
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			□ Add
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			☐ Remove
			☐ Change

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ective date, if other than to effective date is listed, the date in this ument's effective date on the	nust be specific an block does not	nd cannot be pr meet the app	licable statute	ling or more that ory filing requ	(option 190 days after trements, this	filing.) Pursuan	t to 605,020 be listed a
record specifies a delay he 90th day after the r			not an effe	ctive time,	at 12:01 a	.m. on the	earlier (
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Filing Fee: \$25.00