

L1800023380792
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000233807 3)))



H180002338073ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : TAXLEAF.COM INC
Account Number : 12014000084
Phone : (305) 541-3990
Fax Number : (888) 772-8108

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

Email Address: _____

RECEIVED

2018 AUG 10 PM 12:39

STATE OF FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THEALTCOINCOMMUNITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

18 AUG 10 AM 8:00
FILED
STATE OF FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SIMMONS
AUG 10 2018

H18000233807 3

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

THEALTCOINCOMMUNITY 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 MARCH, 29TH, 2018 and assigned Florida document number L18000080792.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

17070 COLLINS AVE, SUITE 258

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES, FL 33160

Enter new mailing address, if applicable:

17070 COLLINS AVE, SUITE 258

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES, FL 33160

FILED
AUG 10 8:00
STATE OF FLORIDA

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

H18000233807 3

H18000233807 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	DIEGO M ROBERTS	3111 N UNIVERSITY DR STE 105	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
AMBR	DIEGO MIGUEL ROBERTS	17070 COLLINS AVE, SUITE 258	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
AMBR	MARIA JULIANA RAINA	17070 COLLINS AVE, SUITE 258	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 AUG 10 10 08 AM '18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H18000233807 3

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST, 7TH 2018



Signature of a member or authorized representative of a member

DIEGO MIGUEL ROBERTS

Typed or printed name of signee

FILED
18 AUG 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000233807 3