

L18000090896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

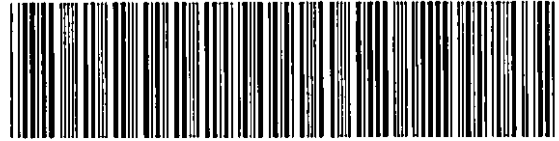
(Document Number)

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4/3/23  
V.W.

2023 JAN 30 AM 8:28  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

GOLDENGRAINZ ENTERPRISE LLC

SUBJECT: \_\_\_\_\_  
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:

Andrew McCulloch

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6346 Wood Lake Road

\_\_\_\_\_  
Address

Jupiter, FL 33458

\_\_\_\_\_  
City/State and Zip Code

amcculloch001@gmail.com

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

For further information concerning this matter, please call:

Andrew McCulloch 443 745-4958

\_\_\_\_\_  
Name of Person

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 32314

**Street Address:**

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**

GOLDENGRAINZ ENTERPRISE 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 04/10/2018 and assigned  
Florida document number L18000090896.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Cloud Health LLC

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)

6346 Wood Lake Road

Jupiter, FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6346 Wood Lake Road

Jupiter, FL 33458

**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:

Andrew McCulloch

New Registered Office Address:

6346 Wood Lake Road

*Enter Florida street address*

Jupiter

Florida

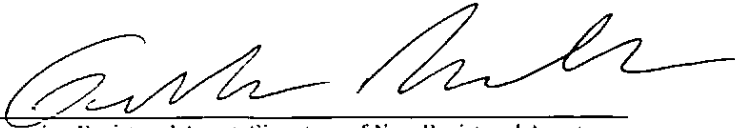
33458

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrew McCulloch	6346 Wood Lake Road, Jupiter, FL 33458	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrew McCulloch	6346 Wood Lake Road, Jupiter, FL 33458	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Henderson, Lorenzo		<input type="checkbox"/> Add
		4910 NW 79th Ave., Apt 201, Miami, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**