## 118000093653

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAY 2 4 2018

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## **COVER LETTER**

Division of Corporations				
SUBJECT: Hea	Hhler C Name of Limited	unfident Liability Company	You, L	LC
		,		
The enclosed Articles of Amendmen	t and fee(s) are submitt	ed for filing.		
Please return all correspondence con	cerning this matter to t	he following:		
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	Health	ier Confic Firm/Company	tent Yn	1.LLC
	5098 AU	nley Lake	Dr #1	<u>037</u>
	Boyntor	1 Beach	, FL 3	,3437
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For further information concerning t			open nouncement,	
Jussaca Cla	,	at (516   )	325.9	568
Name of Person		Area Code	Daytime Telephor	ne Number
Enclosed is a check for the following	g amount:			
	O Filing Fee & lificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & 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

	fident You. LL	۲
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000093653</u>	were filed on 4 13 18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil'  Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the	abbreviation "L.L.G"
(Principal office address MUST BE A STREET ADDRESS)		A 성공
		S FRE
Enter new mailing address, if applicable:		OF STARPORAL
(Mailing address MAY BE A POST OFFICE BOX)		10H 27
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		···-
New Registered Office Address:	Enter Florida street address	
	, Florida	7: 0 1
	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>	Address	Type of Action
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		12600 Shoreline Dr. Wellington, FL 33414	Remove
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an effective date	, if other than	e must be specific	c and ca	annot be pri	or to date of	f filing or n	nore than 9	(optio	filing.) Purs	uant to 60	05.02
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