11800168652

(Requestor's Name)
(Address)
(Address)
(City (Coats 77:- 17) Lane 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Acces Health Re	` ¢,	
SUBJECT:	Access Health & Name of Limi	ted Liability Company	<u> </u>
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
		Pindres Villa. Name of Person	
		Name of Person	
	Acci	es Health & Life	
		Firm/Company	
	1017 Sw Hu	nter rd Lake City, Address	,FL 32024
		City/State and Zip Code	
	avillar ac	c @ (- ma. 1. Com	
	E-mail address: ()	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	alt:	
Andrea V	llac	at (386) 365-4 Area Code Daytime	2681
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 ARTICLES OF ORGANIZATION OF

Access Healt (Name of the Limited Liabi	office LLc office Company as it how appears on our records.) ida Limited Liability Company)
	Company were filed on August 21, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	mited liability company here:
The new name must be distinguishable and contain the words "Li	united Liability Company," the designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:	SEC P
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter the name of the ne</u> ddress he <u>re</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Flerida
	City Zip Code
New Registered Agent's Signature, if changing Register	red 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Anna Villar	1017 Sw Hunter Rd	🖼 ⁄Add
		LAKE City Fl3202	<u> </u>
		·	Change
MANAGOR	ANDRES DV:1/AR	LOIT- SW-HUNTER Rd LAKE City F (32024	/ ∐ ∙Add
		LAKE City FC32024	☐ Remove
			Change
		<u> </u>	O Add
			Remove Control Contro
		S S F F	Change—
			Add O
			Remove
			Change
			🗆 Add
			☐ Remove
			Change
,			□ Add
			☐ Remove
			Change

Effective date, if other than the date of filing: ((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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 8/31/2018 Signature of a member or authorized representative of a member						
Effective date, if other than the date of filing:		·				
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	eariler of	it 12:01 a.m. on th	n effective time,	ate, but noi	delayed effective the record is file	cord specifies a 90th day after
Signature of a member or authorized representative of a member					018	8/21/20
Signature of a member or authorized representative of a member					12 V.	
		mber	ed representative of a r	nember or autho	Signature of	

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Filing Fee: \$25.00