## 118000 179627

(Re	questor's Name)
(Ad	dress)
	dress)
(Câ	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER AUG 2 7 2018

	C	OVER LETTER		
TO: Registration Section Division of Corporations				
SUBJECT: Bealto	opia L	L C.		
The enclosed Articles of Amendment and	fee(s) are subm	litted for filing.		
Please return all correspondence concernir	ng this matter to	the following:		
Kol	1 6000	a		
	14 OF ERV	Name of Person		
Dec	Hopia	Name of Person  LC C  Firm/Company		
		Firm/Company		<del></del>
1900	Lutte	rworth Ct.		
Land	O Lake	City/State and Zip Code	38	
<u>hmg</u>	Drivate	City/State and Zip Code Client @ gr be used for future annual ep	nail · Con	<u>~</u>
For further information concerning this ma				
Kelly Green		at (813) 3	80 - 81 18	·/
Name of Person		Area Code	Daytime Telephon	
Enclosed is a check for the following amo	unt:			
\$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS Registration Section	:		COURIER ADD	RESS:
Division of Corporation	s		Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Buil 2661 Execu	lding tive Center Circl	e

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Healtopia LLC		
	( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
	nization for this Limited Liability Company Ther L18000179627	were filed on 7/26/18	and assigned
This amendment is su	bmitted to amend the following:		
	oc, enter the new name of the limited liab	ility company here:	
The new name must be d	stinguishable and contain the words "Limited Liahi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal	offices address, if applicable:	7979 Citrus Park	Town Ur.
(Principal office add	tess MUST BE A STREET ADDRESS)	Jamps FL 3362	5
Enter new mailing a	ddress, if applicable:		
_	A <u>Y BE A POST OFFICE BOX)</u>		
B. If amending th	e registered agent and/or registered of	ffice address on our records, enter	the name of the no
	for the new registered office address her		_ Q
			SECRE VISION 18 AUG
Name of No	www.Registered Agent:		
New Regist	ered Office Address:		<b>သ</b> ကိုည်း
		Enter Florida street address	<b>32</b> ₹900
		, Florida	Ş XX
		City	Zip Sode 🚍 🙃
New Registered Agen	tis Signature, if changing Registered Agent:		
provisions of all sta accept the obligatio being filed to merely	appointment as registered agent and agr tutes relative to the proper and complete ns of my position as registered agent as p y reflect a change in the registered office notified in writing of this change.	performance of my duties, and I am forovided for in Chapter 605, F.S. Or,	amiliar with and if this document is
	If Chai	nging Registered Agent, <u>Signature of New Re</u>	gistered Agent

	Authorized Person(s) authorized to m from our records:	nanage, enter the title, name, and address of each	person being added
MGR = MARIE AND AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Patricia S Green	7979 Citrus Park Town Ctr. Tampi FL 33625	<b>X</b> Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			□ Change
		<del> </del>	□ Add
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			_D Change

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23 PH 2: 32
PH 2: 32
2: 32
32
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ) The 90th day after the record is filed.
Dated August 20, 2018.
Dated August 20, 2018  **Signature of a member or authorized representative of a member
Kelly Green Typed or printed name of signee
syped or printed name of signee
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Filing Fee: \$25.00