L18000236043

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COVER LETTER

FO: Registration So Division of Cor		· ·	·
•	Acupuncture LLC		,
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Tyler Hurt		
		Name of Person	
	-	Firm/Company	
	4237 Regal Town Lane		
	Lake Mary, FL, 32746	Address	
	thurt3399@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c Tyler Hurt	oncerning this matter, please ca	all: 616 4983853	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for th	ne 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 TO ARTICLES OF ORGANIZATION OF

Hurt Less Acupuncture LLC		2019 00T - 7 PM 4: 38
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our l Liability Company)	records.)
The Articles of Organization for this Limited Liability Company L18000236043 Lorida document number	were filed on October 5t	h. 2018 and assigned
this amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Herbal Preventive Care LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4237 Regal Town Lane	
Principal office address MUST BE A STREET ADDRESS)	Lake Mary, FL	•
<u>, </u>	32746	
nter new mailing address, if applicable:	4237 Regal Town Lane	
Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL	
James Mill Dis 11 Tobs Of Trees Dong	32746	· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:		cords, <u>enter the name of the </u>
Name of New Registered Agent:		······································
New Registered Office Address:	Para Plant	
	Enter Florida street	aaaress
	- C'-	, Florida Zip Code
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR =	Manager
ANIBK =	Authorized Member
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<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			
			Remove
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`an eff <mark>Yote:</mark>	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	September 27th. 2019.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00