## 118000249695

(Re	questor's Name)	<del></del>
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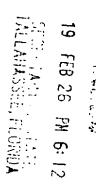
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## **COVER LETTER**

Division of Corp			
SUBJECT: HEALT	HE APP, LLC		
		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Yelena Sverdlova, E	Fsa II M	
	10.0.1.0 010.1.0.1.0.1.0.1.0.1.0.1.0.1.0	Name of Person	<del></del>
	Capital Planning Lav	v. PLLC	
	<u></u>	Firm/Company	<del></del>
	49 N. Federal Highw	/ay, #285	
	<u></u>	Address	
	Pompano Beach, Flo	orida 33062	
	<u></u>	City/State and Zip Code	
	Info@CapitalPlannin		
	E-mail address: (	to be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	ali:	
Yelena Sverdlova,	Esq., LL.M.	at (754 ) 444-1442 Area Code Daytime T	
Name o	f Person	Area Code Daytime T	Felephone Number
Enclosed is a check for the	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

HEALT	HE APP, LLC	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L18000249695	ompany were filed on 10/24/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
HEALTHE OFFICIAL, LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u> 19</u>
(Principal office address MUST BE A STREET ADDRI	ESS)	<u> </u>
		B - 1
		2 N
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		ြဲ့ကြား တို
	<del></del>	<u></u>
	:	
B. If amending the registered agent and/or registered agent and/or the new registered office address		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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
<del></del>			
			Remove
			Change
		····	Add
			□ Remove
			Change
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			Remove
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2 u	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E Effective	a data if other than the data of filing.
Note: If	e date, if other than the date of filing:  (optional)  tive 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)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated F	ebruary 22 2019
_	
	Signature of a member or authorized representative of a member
	Yelena Sverdlova, Esq., LL.M., Authorized Representative
	Typed or printed pame of same

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Filing Fee: \$25.00