

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323) 962-8600 Fax Number : (323) 962-3889

Enter the email address for this business entity to be used for future ω annual report mailings. Enter only one email address please. ** .

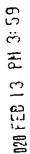
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEALTH COACH DIRECT PRIMARY CARE PRACTICE **PLLC**

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COVER LETTER

TO:	Registration Se Division of Cor			J£ jiin		
\$100 1E/	HEALTH (COACH DIRECT PRIMARY	CARE PRACTICE PLLC			
SOBJE	CT:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mixed for filing.			
Please r	etum all correspo	ondence concerning this matter	to the following:			
		Cheyenne Moseley				
	Name of Person					
		Legalzoom.com, Inc.				
			Firm/Company			
	101 N Brand Blvd 11th Fl					
			Address	· · · · · · · · · · · · · · · · · · ·		
		Giendale, CA 91203				
			City/State and Zip Code			
		.margarette.jerome@gmail.e				
For furti	ber information o	ti-mail address: (i concerning this matter, please ex	to be used for future annual report notificall;	ation)		
Cheyen	ne Moscley		800 773-088S			
	Name o	l Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for t	he following amount:				
□ \$25	.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &. Certified Copy (utditional 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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTH COACH DIRECT PRI		
(Name of the Lim	ited Liability Company as it now appears on on (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited 1		8 and assigned
Florida document number L18000260297		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name		2020 F SECR
The new name must be distinguishable and contain the	words "Limited Liability Company," the designati	on "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
		- ディス
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and registered agent and/or the new registered of		records, enter the name of the ne
Name of New Registered Agent:	United States Corporation Agents,Inc	
New Registered Office Address:	5575 S. Semoran Byld, suite 36	
emperature of the content of the state of th	Enter Florida stre	
	Orlando	, Florida ³²⁸²² 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.

CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

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>	Name	Address	Type of Action
AMBR	Jossener Joseph	12300 Alternate Highway A1A, Suite #106 Palm Beach Gardens, FL 33410	₩ Add
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document's effective date on the Department						
he record specifies a delayed effective. The 90th day after the record is file.		an effective til	me, at 12:01 a	. m. o n 1	the ear	lier of
Dated 2/6/3030 Margarette Signature		<u></u> •				

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Typed or printed name of signee

Filing Fee: \$25.00