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## **COVER LETTER**

## TO: Registration Section Division of Corporations

HEALTHWAYS AMERICA, LLC

SUBJECT: \_

,

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK R CAROSELLA

Name of Person

AOP FINANCIAL & TAXES, INC.

Firm/Company

3302 GRANITE RIDGE LOOP

Address

LAND O LAKES, FL 34638

City/State and Zip Code

FCAROSELLA AOP@ GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK R CAROSELLA

813 961-2040 at (\_\_\_\_\_)

Name of Person

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy cadditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## HEALTHWAYS AMERICA LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	any were filed on <u>NOVES</u>	ABER 26, 2018 and assigned
Florida document number 1.18000272222		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
COLOBOTANIX LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company." the design	ition "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	N/A	2021

(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new register</u> agent and/or the new registered office address here:

Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Emer Florida street address	_
		Florida	

City

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 treprovisions 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being ade <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		□Add
			Change
			[Add
			TRemove
		. <u>.</u>	
			□Add
			ERemove
			🗔 Add
			□Change
<del></del>		<u>_</u>	🗆 🖂 Add
			Remove
			🖸 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

AUGUST 27 Dated	2021
Dated	
	Dung
	Signature of a member or authorized representation of a member

Signature of a member or authorized representative of a member

SHIRAZ FAROOQ

Typed or printed name of signee-