L18000 284526

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	me)
(5)	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
}		
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations		
SUBJECT: Healt	thy Hire Heal	Hy Retire ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	C'nelsea	Name of Person	
		Firm/Company	
	851 Wyn	ndale Wax	
	info & hea	ana FL 3341 City/State and Zip Code althyhirehealto be used for future annual report noi	by retire. org
For further information of	oncerning this matter, please ca		•
Name c	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	S80.00 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 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Company were filed on 12/1/8 and assigned	
The Articles of Organization for this Limited Liability Company were filed on 12/11/18 and assigned	
1.16 200 201-21	
Florida document number <u>L 18000 284526</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	_
Enter new principal offices address, if applicable:	_
(Principal office address MUST BE A STREET ADDRESS)	_
	_
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	_
thing mares MIT DE N. OST OTTIGE DOIN	
	-
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here:	ere
agent and/or the new registered white address here.	
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florida street address	_
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	

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
MGR	Thomas Lemere	214 Wellesley Dr. Lake Worth Beach, FL 33460	<u>\</u> Add
		·	□Remove
			□Change
			□Add
			□Remove
			□Change
	······································		□Add
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			🗆 Add
			□Remove
			□ Change

(If an et Note:	tive date, if other than the date of filing: 22 (optional) Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco ord is f	rd 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 iled.
Dated	September 210th. 2022. Signature of a member brauthorized representative of a member
	Chelsea Davenport Typed or printed name of signee