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JAN 2 5 2020 S. YOUNG

COVER LETTER

TÓ:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
	SUNSHINE HEALTH				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
		Name of Person			
	ANYTIME SUNSHINE H	EALTH LLC			
	Firm/Company				
	19563 TIMBERBLUFF DR				
	Address				
	LAND O LAKES, FLORI	DA 34638			
		City/State and Zip Code			
		The state of the s			
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
		ar t			
Name of Person		at () Area Code Daytim	e Telephone 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)	[1] \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Section			
Division of C		Division of Corporations			
P.O. Box 632	·		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANYTIME SUNSHINE HEALTH 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 Company were filed on 02/18/2019 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 10123 Landport Way New Registered Office Address: Enter Florida street address Land O Lakes

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 mv 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
AMBR	Guesla Ngueneba	10123 Landport Way, Land O Lakes FL 34638	= Add
			□Remove
			□Change
AMBR	Joseph Ngueneba	10123 Landport Way, Land O Lakes FL 34638	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

		nter change(s) here: (Att		• •
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				-
				
Note: If the date i	other than the date of listed, the date must be spec userted in this block doe we date on the Departme	s not meet the applicable sta	of filing or more than 90 da atutory filing requiremen	(optional) ss after filing.) Pursuant to 605.02 its, this date will not be listed:
e record specifies and is filed.	delayed effective date. b	out not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day after th
Dated			12	-17-19
-	Signatur	re of a member or authorized re	presentative of a member	
		c or a member or administration		

Filing Fee: \$25.00