119000055718

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: BREATHE		NG BY MELODY HAACK, R ted Liability Company	RT, CPFT LLC
The enclosed Articles of a	Amendment and fee(s) are subr	niffed for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	MELODY HAACK		
		Name of Person	
		Firm/Company	
	4263 RAFFIA PALM CIR		
		Address	
	NAPLES, FL 34119		
		City/State and Zip Code	
	rt87mel@aol.com	to be used for future annual report t	- atition tion
For Comban in Commution of	encerning this matter, please of		(Markaton)
	offeeting this matter, preuse es	219 588-8129	
MELODY HAACK		or t	
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>	<u>ss:</u>	Street Address	
Registration		Registration	Section Corporations
Division of C P.O. Box 633			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BREATHE EASY: PULMONARY TESTING BY MELODY HAACK, RRT, CPFT 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 02/26/2019 and assigned Florida document number ______119000055718 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BREATHE EASY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: MELODY HAACK Name of New Registered Agent: 4263 RAFFIA PALM CIR New Registered Office Address: Enter Florida street address , Florida 34119 Zip Code NAPLE

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.

City

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
			□Add
			Remove
			□Change
			□Add
			Remove
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 2.	be specific and cannot be prior took does not meet the applica-	to date of filing or more the	(optional) nan 90 days after filing.) Pursuan puirements, this date will not	i to 605.0207 be listed as
ecord specifies a delayed effective is filed.	date, but not an effective tii	me, at 12:01 a.m. on th	ne earlier of: (b) The 90th d	ay after the
JANUARY 20	2020	<u> </u>		
* 411, last	Staack			
	Signature of a member or autho	orized representative of a	member	

Typed or printed name of signee