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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPERTAX Account Number ::12020000010 Phone : (407)777-7470

fax Number : (321)206-9743

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVANTAGE HEALTH GROUP LLC

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TO;

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COVER LETTER

TO; F	Registration S Division of Co	iection rporations		
SUBJEC		AGE HEALTH GROUP LLC		
•		Name of Li	mited Liability Company	***************************************
The enclos	sed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please reti	ım all corresp	ondence concerning this matte	r to the following:	
		WILLIAM MOGOLLON	·	
			Name of Person	
			Firm/Company	
		439 WEST VINE ST		
			Address	
		KISSIMMEE, FL 34741		
			City/State and Zip Code	-
		E-mail address: (to be used for future annual report not	(fication)
For further	information c	oncerning this matter, please o	all:	
WILLIAM	MOGOLLO	N	407 574 6677	
Name of Person		Area Code Dayrin	ne Telephone Number	
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address:	aria.
	egistration S ivision of C	orporations	Registration Se Division of Co	
	O. Box 632	•	The Centre of I	•
T:	allahassee. I	FL 32314	2415 N. Monro	e Street Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

y)
and assigne
The Articles of Organization for this Limited Liability Company were filed on 03/28/2019 and assigned Florida document number L19009081658 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 ROX) 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: New Registered Office Address:
e designation "LLC" or the abbreviation "L.L.C."
7.
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(S)
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records, enter the name of the new regi
orida street aildress
FloridaZip Code
21p Соас
capacity. I further agree to comply wit

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.

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MGR	SANDRA MOGOLLON	439 WEST VINE ST	
		KISSIMMEE, FL 34741	———— ≅Add ———— □Remove
MGRM	NICOLAS MOGOLLON	439 WEST VINE ST	OChange
		KISSIMMEE, FL 34741	
MGRM	CAMILA MOGOLLON	430 MUCH MANE CT	□Change
инириниц		439 WEST VINE ST	
		KISSIMMEE, FL 34741	≅Remove
			DChange
~·····			🗀 Add
			□Remove
			Change
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		·····	□Change
eraconductural exp			CJAdd
			□Remove
			□ Change

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ective date, if other the effective date is listed, the effective date inserted is imment's effective date of	date must be specific it this block does no	and cannot be prior of meet the applica	to due of filing of nable statutory filin	(option than 90 days after grequirements, the	Addison Burner and Age	5.020 ed n
cord specifies a delayed filed.	effective date, but	not an effective til	nie, at 12:01 a.m.	on the earlier of: ()	o) The 90th day afte	r the
o7/28/2023		_,/	_/ /7			
xi	Si-parties (of a munhor	***************************************	
xi	Signature	WILLIAM N	wood representative	of a member		

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Filing Fee: \$25.00