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COVER LETTER

	of Corporations
N S SUBJECT:	SHAPE & HEALTH MEDICINE LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti-	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	JOSEPH SHNOUDA
	Name of Person N SHAPE & HEALTH MEDICINE LLC
	Firm/Company 4691 VAN DYKE RD
	Address LUTZ , FLORIDA, 33558
	City/State and Zip Code JSHNOUDA@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
For further information	ation concerning this matter, please call:
JOSEPH SHNO	
?	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
□ \$25.00 Filing I	Fee \$\Bigcup \$30.00 \text{ Filing Fee & B\$60.00 \text{ Filing Fee, Certificate of Status}}\$ Certificate of Status

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Registration Section Division of Corporations

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 03/29/Florida document number L19000087174	2019 and assigned
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2019 S.C.J.
	in the second
	[A] [G 23
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	in in the second
	The second secon
	2
B. If amending the registered agent and/or registered office address on ou registered agent and/or the new registered office address here:	r records, enter the name of the
	r records, enter the name of the
registered agent and/or the new registered office address here:	r records, enter the name of the

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

Zip Code

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> JOSEPH SHNOUDA	Address 4691 VAN DYKE RD.	Type of Action
MGR			 Add
		LUTZ, FLORIDA .33558	
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Toctiv	08/19/2019 e date, if other than the date of filing: (optional)
m effec o <mark>te:</mark> If	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the day after the record is filed.
oted _	8/20/2019
	Joseph John 5 Moeule The Monday Signature of a member or authorized representative of a member of a me

Page 3 of 3

Filing Fee: \$25.00