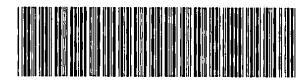
## 119000113176

(Requ	iestor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to Fil	ing Officer:	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	HNO HEAD			
SUBJE	CT:	Name of Lim	tited Liability Company	<del></del>
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Harley Orzame		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		301 East Franklin Ave.		
			Address	
		Pomona, CA 91766		
		hnohealthlic@gmail.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
Harley	Orzame		626 487-1549 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

HNO HEALTH LLC

(Name of the Limited Liability Company as it now appears on our records of A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on April 2	15, 2019 and assigned
Florida document number L19000113176		<b>3 ₩</b> • • • •
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	304 Radisson PL	
(Principal office address MUST BE A STREET ADDRESS)	Oviedo, FLorida 32	765
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		r records, enter the name of the new
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
N B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>_</u>			□ Add
			☐ Remove
			☐ Change
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			☐ Remove
			Change
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		☐ Remove	
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	*****		□ Add
			□ Remove
			□ Change

D. If amending any oti	ner information, enter change(s) here: (Allach additional sneets, it necessar
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E. Effective date, if oth	ter than the date of filing: (optional) d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
Note: If the date inser	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed a date on the Department of State's record
If the record specifies (b) The 90th day aff	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.
Dated May 17	2019
	M-2
·	Signature of a member or authorized representative of a member
Harley Orz	
	ped or printed name of signee

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Filing Fee: \$25.00