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(Re	equestor's Name)	
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(Cr	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Con			
	E HORMONAL THERAPY LLO	2	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	ROBERT SALINAS		
	·	Name of Person	
	REALITY CHECK BUSIN	ESS SOLUTIONS LLC	
		Firm/Company	
	1001 N FEDERAL HWY S	T. 202	
		Address	
	HALLANDALE, FL, 3300	9	
		City/State and Zip Code	
	RSALINAS@RCBS.BIZ	be used for future annual report no	
For further information e	encerning this matter, please cal	•	utication)
ROBERT SALINAS	,g	786 338 - 9000	
Name e	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	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 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

and and an area of the or NEW AGE HORMONAL THERAPY 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 ______05/01/2019 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 designation "LLC" or the abbreviation "LLC." 1717 N. BAYSHORE DR. Enter new principal offices address, if applicable: SUITE 204 (Principal office address MUST BE A STREET ADDRESS) MIAMI, FL, 33132 1717 N. BAYSHORE DR. Enter new mailing address, if applicable: SUITE 204 (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL, 33132 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:

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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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	GEORGE IBRAHEIM	2202 SE 23RD RD	
		HOMESTEAD, FL 33035	7,40
			□ Remove
			■ Change
AMBR	NEIL BRESSLER	46 N. HOMESTEAD BLVD.	
		HOMESTEAD, FL, 33030	
			□ Remove
			E Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			
		□ Remove	
			Change
			O Add
			☐ Remove
			□ Change

				
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	ock does not meet the ap	plicable statutory filing	(optional) e than 90 days after filing.) Pursu requirements, this date will n	ant to 605.020 tot be listed a
e record specifies a delayed The 90th day after the rec	d effective date, but ord is filed.	not an effective tir	ne, at 12:01 a.m. on th	ne earlier o
ated MAY 30TH	. 2019	·		
·		uthorized representative o	 .	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00