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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

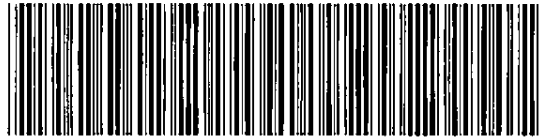
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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08/14/23--01042--003 \*\*30.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMPERIUM HEALTH LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIDGETT WILLIAMS-COOPER

Name of Person

IMPERIUM HEALTH LLC

Firm/Company

879 FIDDLELEAF CIRCLE

Address

WEST MELBOURNE, FL 32904

City/State and Zip Code

BEWILLIAMS001@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIDGETT WILLIAMS-COOPER

321 261-7943  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
ARTICLES OF ORGANIZATION  
OF**

IMPERIUM HEALTH 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 05/08/2019 and assigned Florida document number L19000124702.

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 "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:**

Name of New Registered Agent: ESE ESQUIRE

New Registered Office Address: 6300 N WICKHAM ROAD # 130-420  
*Enter Florida street address*

MELBOURNE, Florida 32904  
*City Zip Code*

**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.*



If 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 the records:

MGR = Manager


AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FIFTY FOUR SEVENTEEN Group, LLC	30 N GOULD STREET STE R	<input checked="" type="checkbox"/> Add
		SHERIDAN, WY 82801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRIDGETT WILLIAMS-COOPEE	6300 N WICKHAM ROAD #130-420	<input type="checkbox"/> Add
		MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

GUST 05 \_\_\_\_\_ 2023 \_\_\_\_\_  
  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**