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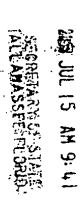
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COVER LETTER

TO: Registration Sec Division of Corp				3 4.
SUBJECT:	Olutions For Name of Limi	Natural Heal? ited Liability Company	7, 11C	JE 15 TX
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	.	ON P
Please return all correspon	ndence concerning this matter	to the following:		200
	GII A	TiA		
		Name of Person		
		Firm/Company		
	3011 Yana	2 To Rd STe-	A-18	
	Boca Rato	City/State and Zip Code O be used for future annual report notific	4	
	e/1e otti a E-mail address: (1	to be used for future annual report notifi	cation)	
For further information co	oncerning this matter, please ca	all:		
G./ ATT	f Person	at (<u>561</u>) <u>J 48-</u> Area Code Daytime	5333 Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	S30.00 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**

ARTICLES OF A	AMENDMENT	
TO	O	Charles Comments
ARTICLES OF O	RGANIZATION	The Control of
\mathbf{O}	F	5
		0012 1
Solutions For N (Name of the Limited Liability Compar (A Florida Limited L	aTural Heal Th, y as it now appears on our records.) Jability Company)	110
The Articles of Organization for this Limited Liability Company	were filed on 5-16-2019	and assigned
Florida document number <u>L 19000 133 17</u> 4		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "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)		
		<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Liner Fronda street andress	
	, Florida	
	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 our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GARY Shuster	846 Broken Sound Boxa	A _□ Add
	,	846 Broken Gound Rocku Bona Raton, F133487	Remove
			Change
			D Add
			C Remove
			Change
			🗆 Add
			Remove
			Change
			🗖 Add
			□ Remove
			Change
			D Add
			Remove
			Change
			🗆 Add
			Remove
			☐ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
i an effec Note: H	e date, if other than the date of filing: 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 at seffective date on the Department of State's records.
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 00th day after the record is filed.
Dated _	7-9-19
	Signature of a member of authorized representative of a member
	Signature of a member of any or the semante of a person.
	GU ATTIA

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Page 3 of 3

Filing Fee: \$25.00