L24000135249

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MORERA LAW GROUP, P.A.
Account Number : 120220000121
Phone : (786)789-4546
Fax Number : (786)646-2402

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Austin@mlg.miami

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KANA SUPPLEMENTS, LLC

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T. LEMIEUX
AUG 12 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kana Supplements, 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:

Raul Hernandez
Name of Person

Kana Supplements, LLC
Firm/Company

9974 NW 43rd Terrace
Address

Doral, FL 33178
City/State and Zip Code

raul.hcvart@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raul Hernandez at (786) 203-1719
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Kana Supplements, 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 05/20/2019 and assigned Florida document number L19000135249.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BIO HEALTH RESEARCH LLC

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)

8420 W Flagler St Suite 220 Miami, FL 33144

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

18383 NW 76th Pl, HIALEAH, FL 33015

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TALLAHASSEE, FLORIDA

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: _____
Enter Florida street address

_____, **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

Title	Name	Address	Type of Action
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
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______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
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______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing:** _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated August 9th 2024

Raul Hernandez

Signature of a member or authorized representative of a member

Raul Hernandez

Typed or printed name of signee