## 219000165756

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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# COVER LETTER

	ration Section on of Corporations
SUBJECT:	Best Option Health, LLC
	Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return al	correspondence concerning this matter to the following:
	Joel A. Montilla

 Name of Person
Best Option Health, LLC
Firm Company
1231 Mount Vernon St.
 Address
Orlando, FL 32803
 City/State and Zip Code
joel@montillalaw.com
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel A. Montilla	407	308 - 2378
	at ()	
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

	Best Option Health, LLC		
( <u>Name of the Limited I</u> (A	Liability Company as it now app Florida Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	June 24, 2019	and assigned
Torida document numberL19000165756	·		
his amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the word	s "Limited Liability Company," th	e designation "LLC" or the	e abbreviation "L.L.C."
Inter new principal offices address, if applicabl	e: <u>1231 N</u>	Iount Vernon St.	-14
Principal office address MUST BE A STREET A	(Orland	o, Florida 32803	
			1920
			3
Enter new mailing address, if applicable:	1231 N	Iount Vernon St.	 20
Mailing address MAY BE A POST OFFICE BO	N Orland	lo, Florida 32803	<u> </u>
			011
<ol> <li>If amending the registered agent and/or registered office address h</li> </ol>		records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent: Joel A. Montilla			
New Registered Office Address:	1231 Mount Vernon S	t.	
	Enter F	lorida street address	
	Orlando	, Florida	32803
_	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	Carlos R Guzman	9219 Everwood St.	
		Orlando, FL 32825	■Remove
			□Change
MGR	Joel A. Montilla	1231 Mount Vernon St.	■ Add
		Orlando, F1, 32803	∐Remove
			□ □Remove
			□Add
			□ Remove
			∐Remove
			Change
			□Remove
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m effective d <u>ote:</u> If the o	te, if other than the date ate is listed, the date must be splate inserted in this block deffective date on the Departi	ecific and cannot be prior to ses not meet the applical			
record speci is filed.	fies a delayed effective date	, but not an effective tin	ne, at 12:01 a.m. on th	ae carlier of: (b) The 90	th day after the
ited	August 8	2020	_ ·		
		XIV			
	Signa	ture of a member or author	ized representative of a	member	
		: /			