L19000190365

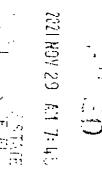
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Essential Life Health Solutions LLC

Valerie Schuster, Owner 2721 Village Blvd. Apt. 302 West Palm Beach, FL 33409 561-951-4130 valschuster@gmail.com

To: Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: LLC Name Change

This is to inform you of my request for name change of my LLC. The name will be changed from Essential Life Health Solutions LLC to Essential Life Solutions LLC. Only name will be changed. Principal person and address remain the same.

Please see enclosed check for \$60.00 to cover

- 1. Filing Fee, \$25.00;
- 2. Certified Copy, \$30.00;
- 3. Certificate of Status, \$5.00.

Thank you for your consideration of my request.

Sincerely,

Valerie Schuster

Valerie Schwot

COVER LETTER

TO:	Registration Sec Division of Corp					
CY (TS EED)		L LIFE HEALTH SOLUTION	NS LLC			
SUBJE	CI:		ted Liability Company			
The enc	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspon	dence concerning this matter t	to the following:			
		VALERIE J SCHUSTER				
			Name of Person			
ESSENTIAL LIFE HEALTH SOLUTIONS						
Firm/Company						
		2721 VILLAGE BLVD.	APT 302			
WEST PALM BEACH, FLORIDA 33409						
	VALSCHUSTER@GMAIL.COM					
		E-mail address: (t	o be used for future annual report notific	ation)		
For furt	ner information co	ncerning this matter, please ca	all:			
VALER	RIE SCHUSTER		561 951-4130 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for the	e following amount:				
□ \$25	.00 Filing Fee	Ei \$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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 NOV 29 - AM 7: LE ESSENTIAL LIFE HEALTH SOLUTIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 07/24/2019 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L 19000190365 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ESSENTIAL LIFE SOLUTIONS 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) 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: New Registered Office Address: Enter Florida street address _, Florida _

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 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>	<u>Address</u>	Type of Action
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			□Remove
			
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. Effectiv	e date, if other than the dat	e of filing:		(optional)	
Note: 1	ctive date is listed, the date must be f the date inserted in this block	does not meet the applic	able statutory filing re		
docume	nt's effective date on the Depar	tment of State's records	•		
the record	specifies a delayed effective da	te but not an effective t	ime at 12:01 a.m. on t	he earlier of: (h) The 90	th day after the
cord is file			, at 12.01 a.m. on t	ne carner or. (b)	an any arter the
	NOVEMBER 20	2021			
Dated _			<u> </u>		
	Va	ileine Sch	und		
	Sign	nature of a member or auth	orized representative of a	member	
		VALERIE J S	CHUSTER		