

L19000190365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2021 NOV 29 AM 7:45
CLERK OF COURT
STATE OF TEXAS
COUNTY OF DALLAS

A. BUTLER
DEC 15 2021

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,

A handwritten signature in black ink that reads "Valerie Schuster". The signature is written in a cursive, flowing style with a large initial "V" and a stylized "S".

Valerie Schuster

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ESSENTIAL LIFE HEALTH SOLUTIONS 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:

VALERIE J SCHUSTER

Name of Person

ESSENTIAL LIFE HEALTH SOLUTIONS

Firm/Company

2721 VILLAGE BLVD. APT 302

Address

WEST PALM BEACH, FLORIDA 33409

City/State and Zip Code

VALSCHUSTER@GMAIL.COM

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

For further information concerning this matter, please call:

VALERIE SCHUSTER 561 951-4130
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2021 NOV 29 AM 7:45

ESSENTIAL LIFE HEALTH SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE
FL

The Articles of Organization for this Limited Liability Company were filed on 07/24/2019 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 _____
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.

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(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.

Dated NOVEMBER 20, 2021

Valerie Schuch

Signature of a member or authorized representative of a member

VALERIE J SCHUSTER

Typed or printed name of signee