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(Address)

(Address)

(City/State/Zip/Phone #)

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2020 MAY 26 AM 10:40
FALLAHASSEE, FL 32031

MAY 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Vyb2 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:

Ariel Smith
Name of Person

Health Vyb2 LLC
Firm/Company

2914 creeks crossing blvd
Address

Lakeland FL 33810
City/State and Zip Code

ArielSmith145@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ariel Smith at 501, 818-6899
Name of Person 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 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
Tallahassee, FL 32303

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

Health Vyb 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 February 13, 2020 and assigned
Florida document number L20000051396

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

MGR Saskiya Dunkley 4250 bear lakes court ☐ Add
Apt 306 west palm beach fl ☒ Remove
_____ ☐ Change

MGR Alonah Maynard 1215 Alameda dr South ☐ Add
Iakeland FL ☒ Remove
_____ ☐ Change

_____ ☐ Add
 _____ ☐ Remove
 _____ ☐ Change

☐ Add

☐ Remove

☐ Change

_____ ☐ Add
 _____ ☐ Remove
 _____ ☐ Change

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

SECRET
NO FORN DISSEM
DATE 12/20/80
BY 1045

2020 MAY 26 AM 10:10
SECRETARY OF STATE
WASHINGTON, D.C.

(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 May 20th, 2020

Signature of a member or author

Signature of a member or authorized representative of a member

Ariel Smith

Typed or printed name of signee

Filing Fee: \$25.00