Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000108316 3)))



H200001083163ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

I APR 13 PH 2: 5

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOVA HEALTH GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 1 4 2020

Articles of Amendment to LLC Articles of Organization of

Articles of Amendment to be in the in-		
NOVA HEALTH GROUP LLC	<u> </u>	
The Articles of Organization for this Limited Liability Company were filed or 03/03/2020 and assigned Florida document number	 	•
This amendment is submitted to amend the following:		
PRINCIPAL ADDRESS: 14050 SW 84TH ST SUITE 204 MIAMI FL 33183	<u>.</u>	
MAILING ADDRESS: 14050 SW 84TH ST SUITE 204 MIAMI FL 33183	<u></u>	
REGISTERED AGENT ADDRESS: 14050 SW 84TH ST SUITE 204 MIAMI FL 331	83	
ADDRESS FOR AUTHORIZED PERSONS: CHEPE, LINO - CHEPE, LAZARO &	(cont)	
AZNAREZ, HECTOR AS FOLLOWS: 14050 SW 84TH ST SUITE 204 MIAMI FL 33	183	
		-
	2020 SEC	_
<u> </u>	PR PR	T
12	3 A	المناقبة
4/13/2020 P		
These articles of amendment were adopted on 4/13/2020	6	
Dated		
Lino Chebe 4/13/20		
Signature of a member or authorized representative of a member		
LINO J CHEPE Typed or printed name of signee	}	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation position.	ns of the	
Signature of New Registered Agent, if changing	1	
-	I	