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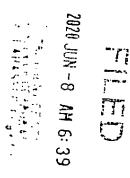
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JUN 24 2020 S. YOUNG

COVER LETTER

	stration Se sion of Cor				
	Heal-Accel	LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Henry Meahan			
			Name of Person		
		Heal-Accel LLC			
			Firm/Company		
		2950 SE Ocean Blvd. Bld	g. 41-6		
			Address		
		Stuart, FL 34996			
			City/State and Zip Code		
		healxcel@gmail.com			
For further in:	formation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)	
Henry Meaha		c ,	732 872-4225		
	Name of	f Person	at ()	me Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fi	ling 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)	
<u>Mailing Address:</u> Registration Section		Street Address: Registration S	ection		
Division of Corporations			Division of Corporations		
	. Box 632 ahassee, F			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heal-Accel 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 April 14, 2020 Florida document number L20000103135 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HealXcel LLC 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) PO Box 6186 Enter new mailing address, if applicable: Jensen Beach, FL 34957 (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.

City

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
AMBR	Marybeth Meahan	5525 SE Ault Ave	DAdd
		Smart, FL 34997	■Remove
		 	
			[]Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DAdd
			□Remove
			Change

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a	
(If an effective date is Note : If the date i	other than the date of filing:
he record specifies a ord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 4 2020
Dated	II Mul
	Signature of a member or authorized representative of a member
	Henry Meahan

Filing Fee: \$25.00