120000111856

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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:	HEA	LTHFAST, LLC	
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Humberto E. Ruiz	
		Name of Person	
		Ruiz & Company	
		Firm/Company	
	2385 N.V	V. Executive Cetner Drive, Suite 1	00)
	.	Address	
		Boca Raton, FL 33431	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	ŀ	numberto@ruizandcompany.com	
	E-mail address: (to be used for future annual report not	tification)
For further information co	oncerning this matter, please c	all:	
Humbert	o E. Ruiz	561 443-7191 at () Area Code Daytir	
Name of	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing 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)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration So Division of Co The Centre of	rporations Tallahassee
Tallahassee, I	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTHFAST, LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compared Florida document number $\frac{L20000111856}{L20000111856}$	ny were filed on April 24, 2	2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company here:		
PROMETHEUS USA GROUP, LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	n "LLC" or the abbrev	riation "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)	-11 -15 -17		
	·		
B. If amending the registered agent and/or registered offic	e address on our records,	enter the name of	the new register
agent and/or the new registered office address here:			1
Name of New Registered Agent:			
Name Descriptional Office Address			Ċ
New Registered Office Address:	Enter Florida street	t address	: 4:
		, Florida	
	City		Zıp Code
New Registered Agent's Signature, if changing Registered Agen	it:		
I hereby accept the appointment as registered agent and ag		v. I fuetkar aossa	to comply with th
provisions of all statutes relative to the proper and comple	te performance of my dut	ies, and I am fam	iliar with and
accept the obligations of my position as registered agent a	s provided for in Chapter	605, F.S. Or, if t	his 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
		□Remove	
			□Add
		□ Remove	
			□Change
		□Add	
		Remove	
		·	□Change
		[Z] Add	
		□Remove	
			☐ Change
			□Add
			□Remove
			∐Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
he recor ord is fil	I 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 ed.
Dated	April 6 2021
rated	····································
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Humberto E, Ruiz

Filing Fee: \$25.00