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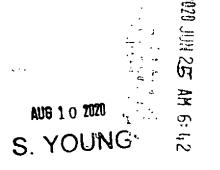
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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operation actions to 1 ming entrees.					

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COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT:	The Hear	rista Luc	
	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	140241	R-P YP S Name of Person	
	the	Healista LLC Firm/Company	
	<u>8851 n</u>	JW 8th PL	-
	Runtat	Ton Ft 33-2 City/State and Zip Code	24
	E-mail address: (to be used for future annual report noti	lication)
For further information con	cerning this matter, please e	all:	
HUZU Name of F	Person	at (186) 30 Daytim	B150 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25 00 Filing Fee	S30,00 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 Address: Registration Se	ction	<u>Street Address:</u> Registration Sec	otion
Division of Cor		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, Fl. 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 and assign@
Florida document number
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
/
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.

Page 1 of 3

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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Hazer Reyes	BUSI NW 8th Pl	□Add
		pantation fr 33324	□Remove
			Change
AMBR	Jacquelyn Condal	10 5811 NW BREZY Brook P.	L □Add
		port saint weie 34981	e □Remove
			Change
<u></u>			□Add
			□Remove
			□Change
			⊡∧dd
			⊟Remove
			⊡Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
peuse change Herrel Belyes and
Jacqueryn Curdello From authorized
Representatives to Authorized numbers
thanks
E. Effective date, if other than the date of filing:
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 June 23rd, 2020.
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00