L20000171786

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(City/State/Zip/Phone #)
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COVER LETTER

Registration Section Division of Corporations

TO:

N SUBJECT: Luzeeheal I	LLC			
<u></u>	Name of Limi	ted Liability Company		
mental such as a such as a such	A consideration and Cont A area substitution	mined for Olina		
The enclosed Articles of	Amendment and fee(s) are sub	nuce for ming.		
Please return all correspo	ndence concerning this matter	to the following:		
	Luciely Castillo Lopez			
		Name of Person		
	Luzeeheal LLC			
	-	Firm/Company		
	6434 Emerald Dunes Dr A	pt 201		
	· · · · · · · · · · · · · · · · · · ·	Address		
	West Palm Beach FL 3341	i .		
		City/State and Zip Code		
	Luciely.castillo@gmail.con	o be used for future annual report not	10	
			incation)	
For further information c	oncerning this matter, please ca	all:		
Luciely Castillo Lopez		at (_786) _953-9388		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	···	Street Address:		
Mailing Address: Registration Section		Registration Section		
Division of Corporations			Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 COT 24 AH 7: 21

Luzeeheal LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number 1.20000171786 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 "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) 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.

City

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
			Change
			\ _Add
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			□Change
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. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an e Note	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	1 10/20/23 Octobee 20th. 2023.
	Signature of a member or authorized representative of a member
	Luciely Castillo Lopez
	Typed or printed name of signee