

L20000373872

Florida Department of State
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.

((H25000206410 3)))



H250002064103ABCU

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 : I20000000019
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.****

Email Address: _____

FILED
2025 JUN -9 PM 11:49
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEALTHY COMMUNITY CENTER, LLC**

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

FILED
2025 JUN -9 PM 3:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN 10 2025

**Articles of Amendment to LLC Articles of Organization of
HEALTHY COMMUNITY CENTER, LLC**

The Articles of Organization for this Limited Liability Company were filed on
2/08/2020 and assigned Florida document number
L20000373872

This amendment is submitted to amend the following:

Change Curren Principal Address : 506 SE 47th Terrace , Cape Coral, FL 33904

NEW Principal Address TO : 7200 West Commercial Blvd Unit 209, Lauderhill, FL 33319

Change current Mailing Address : 506 SE 47th Terrace , Cape Coral, FL 33904

New Mailing Address TO : 7200 West Commercial Blvd Unit 209 , Lauderhill , FL 33319

ADD : AMBR : Joshua Verty

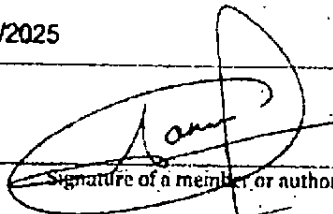
7200 West Commercial Blvd Unit 209 , Lauderhill , FL 33319

Change Address Authorized Person: Jeff Garcia 12448 SW 121ST Ave Miami, FL 33186

TO: 309 SE 2ND TER CAPE CORAL, FL 33990

These articles of amendment were adopted on 6/6/2025

Dated 6/6/2025



Signature of a member or authorized representative of a member

Jeff Garcia

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 obligations of the position.

Signature of New Registered Agent, if changing

2025 JUN -9 PM 11:49
FILED
TALLAHASSEE, FLORIDA