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☐ PICK-OP	☐ WAIT	MAIL
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(D	ocument Number)	
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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P O. Box 6327

Division of Corporations
SUBJECT: Brickell Global LLC L2000349044 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tvorne ionario
Buckell Global, LLC.
1101 Prickell Ar South Towar 8th floor
City/State and Zip Code
healthy (by in agnia). Com 6-trail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tuonne fannus at 413 344-5508 Nune of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Section Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brickell Global.	ll(.	
Stickell Golder (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company		_ and assigned
Florida document number <u>L200003349034</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited fiabit Healthy First LLC The new name must be distinguishable and contain the words "Limited Liability Limited Liability L		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	2200 NW 72nd AV Suite #523-795 Mijorni, Fl 33152	
(Principal office address MUST BE A STREET ADDRESS)	Suite #523-795	2
	Miami, 71 33152	7:
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		ن. نع
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, enter the name o	of the new registered
	•	
Name of New Registered Agent		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
N. B. C. C. C.	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and I am fam	iliar with and
being filed to merely reflect a change in the registered office a	e to act in this capacity. I further agree performance of my duties, and I am fam royided for in Chapter 605, F.S. Oz. :6	to comply with

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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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
M	Brickell Global Consultont	1101 Brickell Are	□Add
Consultant	South tower 8th floor	ERemove	
		14.0mi, Fl 32131	
			□ Add
			Петюче
			Change
			🗆 Add
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Note: 1	we date, if other than the date of filing:
e record rd is file	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 d.
Dated _	6.15.2023
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00