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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Kongo Health	LLC	
	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Sonny Arre	
	,	Name of Person	
	K	ONGO HEALT	H LLC
		Firm/Company	
	4429 Ho	llywood Blvd #81483	34
		Address	<u> </u>
	Hollywood,	FL 33081-4834	
		City/State and Zip Code	
	Kongohe	alth@gmail.com	
For further information of	E-mail address: concerning this matter, please c	(to be used for future annual re	port notification)
	oncorning and matter, please c	an.	
Sonny Arre		at (305)	746-6779
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Address Registration S		Street Add Registrat	tress: ion Section
Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee, l	ru. 32314	2415 N. I	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kongo Health LLC	. مرح	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL21000029860	were filed onJanuary 13, 2021 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
n/a		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	4429 Hollywood Blvd	
Principal office address MUST BE A STREET ADDRESS)	#814834	
	Hollywood, FL 33081-4834	
Enter new mailing address, if applicable:	4429 Hollywood Blvd	
Mailing address MAY BE A POST OFFICE BOX)	#814834	
	Hollywood, FL 33081-4834	
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Idress on our records, <u>enter the name of the new regist</u> n/a n/a	
Name of New Registered Agent:	idress on our records, enter the name of the new regist n/a N/a Enter Florida street address	
	Idress on our records, <u>enter the name of the new regist</u> n/a n/a	

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.

n/a

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
MGR_	Dr Sonny Arre	4429 Hollywood Blvd	⊠ Add
		#814834	□Remove
		Hollywood, FL 33081-4834	□Change
AMBR	Britney Chatfield	4429 Hollywood Blvd	※ Add
		#814834	□Remove
		Hollywood, FL 33081-4834	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□∧dd
			□Remove

Change

	n/a
	
	
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Effective dat	te, if other than the date of filing: (optional)
Note: If the o	ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the control of the
document's el	ffective date on the Department of State's records.
he record speci	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	thes a delayed effective date; but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the
15	October 5 2021
Dated	October 5 2021
	Simple of a section of a sectio
	Signature of a member or authorized representative of a member
	Community of the Commun
	Sonny Arre Typed or printed name of signee