

La1000060630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

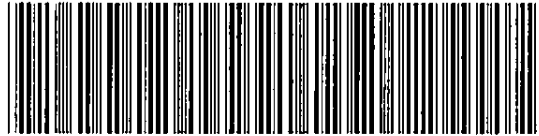
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

amend

Office Use Only



300439776413

11/19/24--01006--006 **55.00

2024 NOV 19 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALUS 3H, LLC

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:

JEAN PEREIRA

Name of Person

INFINITY TAX AND BUSINESS SOLUTIONS LLC

Firm/Company

2411 SAND LAKE RD, SUITE C

Address

ORLANDO, FL, 32809

City/State and Zip Code

JEAN@TAXSERVICESINFINITY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN PEREIRA

508
at ()

796-5030

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 19 PM 4: 25

FILED

SALUS 3H, LLC

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DO NASCIMENTO COSTA, IOLIANA GARCIA	790 SAINT ALBANS DR, BOCA RATON, FL, 33486	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 19 PM 4: 25

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRET
TALLAHASSEE

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 19 PM 4: 25

7
1
1
1
1

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 NOVEMBER 12TH, 2024

Marcelo Costa
Marcelo Costa Nov 12, 2014 15:08 EST

Barro Colorado, Nov. 12, 1963 15.08 EST.

Signature of a member or authorized representative of a member

MARCELO COSTA SOARES

Typed or printed name of signee

Filing Fee: \$25.00