K21000064419

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(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
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(Document Number)	
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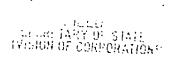
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LOVES LIEDICAL HEALTH. 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:
Yudiskiidys VALDES Name of Person
LOVES MEDICAL HEALTH Firm/Company
19201 W LAGE DY
HIALEAH FL 33015
City/State and Zip Code LOVESMEDICAL HEALTH@GMAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Company as it now appears on our records.)
imited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{O2}{CS}$ and assigned Florida document number <u>L2100064419</u> 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 "LLC." 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:

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

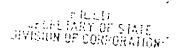
Enter Florida street address

, Florida _

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



□Change

<u>Title</u>	Name	Address	21 MAR -8	AH 11: 52	Type of Action
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amending any other information, enter change(s) here: (Attach additional sheets, if n	21 445	CUNPORAT
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, locument's effective date on the Department of State's records.	optional) after filing.) Pursuant to (, this date will not be l	605.0207 (3) isted as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of d is filed.	of: (b) The 90th day a	fter the
Dated 03/04/ 2021.		
Mencero		
Signature of a member or authorized representative of a member		

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