L210000 90566

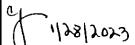
Office Use Only



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2022 NOV -8 PH 12: 56



COVER LETTER

то:	Registratio Division of	n Section Corporations		•
SUBJI	ect.	SOMAYOG US CAFE LLC		.
SUBJI	ECT:	Name of I.	imited Liability Company	
The en	elosed Article	s of Amendment and fee(s) are s	submitted for filing.	
Please	return all corr	espondence concerning this man	ter to the following:	
			SUDHIR BAJAJ	
			Name of Person	
			Firm/Company	
		ı	3915 OLD COAST RD. PE	401
			Address	
			NAPLES, FLORIDA 341	10
		<u> </u>	City/State and Zip Code	
		E mail addess	trisha@trishacrombieassoc s: (to be used for future annua)	
For fu	rther informati	on concerning this matter, please		терятионнескому
	TRISHA CR	ОМВІЕ	at (39)	580-6010
	Na	me of Person	Area Code	580-6010 Daytime Telephone Number
Enclos	sed is a check t	for the following amount:		
Ø \$2	25.00 Filing Fe	ee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
	<u>Mailing Ad</u> Registrati	ldress: on Section	<u>Street A</u> Registi	address:
	Division of	of Corporations	Divisio	on of Corporations
	P.O. Box			entre of Tallahassee
	Tallahass	ee, FL 32314	2415 N	J. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SOMAYOG US CAFE LLC			2022 NOV -8 PH 12:
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appe Limited Liability Company	ars on our records.)	SLON TALLA DASSEE, F
The Articles of Organization for this Limited Liability Co Florida document number L21000090566	ompany were tiled on _ 	February 23, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :	
AltHeal US LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>	-	
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 na	me of the new registered
agent and/or the new registered office address here:	office address on our	records, <u>enter ene na</u>	or the mean registered
Name of New Registered Agent:	····		
New Registered Office Address:	<u> </u>		
	Enter F	lorida street address	
	·	, Florida _	
	City		Zip Code

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.

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>	Address	Type of Action
			□Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
		***	⊒ Add
			□Remove
			Change
			□Remove
			□ Change

Page 2 of 3

. If amending any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)
-,	
	
	
	
Note: If the date in	other than the date of filing:
	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated	October 25, 2022
<u>Im</u>	
Sodnir Bajar (Signature of a member or authorized representative of a member
	Sudhir Raiai
	Sudhir Bajaj Typed or printed name of signce