LZ1000303339

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Rus	iness Entity Nan	ne)
(Bus	INCSS CHURY HAI	ne)
(Doc	ument Number)	
,000	anioni riamaci,	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
l:		

Office Use Only



700369257697

FILED SALJULIZ ANTI:
2021 JULIZ AM 8: 20
SECRETARY OF STARE
VALLAHASSEE, FL

,],

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/12/2021		<i>₩ALK I</i> N**
ENTITY NAME Better He	**PLEASE FILE THE ATTACHED AND RETURN** **PLEASE FILE THE ATTACHED AND RETURN** **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION** RY OF DESTINATION RY OF CERTIFICATES REQUESTED OWED \$25.00 ACCOUNT #: 120160000072	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXX	Certified Copy	

	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		<u> </u>
TOTAL OWED \$25.00	ACCOUNT #: 120160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so	mach!

COVER LETTER

٠.

Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor					
CHDIECT.	Better He	alth Direct LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Daniel Reyes				
		Name of Person			
	ZenBusiness INC.				
		Firm/Company			
	5511 Parkerest Dr. Suite 2	07			
		Address			
	Austin, TX 78731				
	~		ing. Therson Thereson Therson Therson Therson Therson Therson Therson There		
For further information c					
Daniel Reyes					
Name o	Name of Person ZenBusiness INC. Finn*Company 5511 Parkcrest Dr. Suite 207 Address Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: itel Reyes Street Address: Certificate of Status Area Code Street Address: Registration Section Division of Corporations Pinn*Company Finn*Company 5511 Parkcrest Dr. Suite 207 Address Audress 237-7349 Daytime Telephone Number Sectorificate of Status Certificate Copy (additional copy is enclosed) Certificate of Status & Certificate Copy (additional copy is enclosed) Registration Section Division of Corporations				
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ection		
		The state of the s			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Better Health Direct LLC					
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y ay it now appear ability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company v	vere filed on	07/01/2021		and assigned	
lorida document numberL21000303339					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	<u>ity company he</u>	<u>re</u> :			
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the de	esignation "LLC" or	the abhacoi	ations'l.	.L.C."
Enter new principal offices address, if applicable:				_ _ _	- P (I
Principal office address MUST BE A STREET ADDRESS)			27		Carriero Carriero
			<u> </u>	<u>~</u>	\$
			11) (2) [11] 11	Ä	المستعملة إلى إلى ال
Enter new mailing address, if applicable:		··· —	715	_ &	
Mailing address MAY BE A POST OFFICE BOX)			1	20	
3. If amending the registered agent and/or registered office ac	idress on our re	ecords, enter the	name of	the nev	w regist
gent and/or the new registered office address here:					
N CN D					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flor	ida street address			
		, Florid			
	City		7	in Corle	

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

AMBR Re Agudosi 76 Winston Drive Somerset, NJ 08873 Change	<u>Title</u>	Name	<u>Address</u>	Type of Action
Change C	AMBR	Ike Agudosi	76 Winston Drive Somerset, NJ 08873	= Add
				□Remove
Change C				□Change
A A C C Change C C Change C C Change C C C C C C C C C C C C C C C C C C C				SECKI
Remove Change Add Remove Add Change Change				All/ASY DA
Change C				□Change
			 -	□Add
				□Remove
□Remove				□ Change
Change				□Add
				Remove
□ Add				□Change
				□Add
Remove				

Page 2 of 3

If amending any other inform			_				
				-			
1010.							
				·			
					ဟ	20	
					CRE	ال 21	œ
					PAR PAR	<u> </u>	=======================================
-					Y OF ASSE		
					E PA	8: 20	C
					lu.	-18	
	-						
					_		
					· · · · · · · · · · · · · · · · · · ·		
					.		
Effective date, if other than the last of the effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not	meet the applica	able statutory fil	more than 90 days ling requirements	optional) after filing.) Pursuan , this date will not	t to 605.0 be liste	0207 d as
he record specifies a delay The 90th day after the re			t an effective	e time, at 12:0	01 a.m. on the	earlie	r of
Dated		2021	<u>.</u> .				
	Ju	ustin God	odwin				
	Signature of a	member or autho	rized representati	ive of a member			

Page 3 of 3

Filing Fee: \$25.00