L21000325825

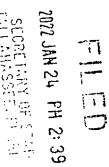
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE JAN 27 2022
1 24

Office Use Only



200377033502

11/24/21--01015--005 *+25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations Division of Corporations TALLAHASSEE. FL

December 10, 2021

LUIS BRITO 12593 NW 32ND MANOR SUNRISE, FL 33323 US

SUBJECT: BIOENERGETIC HEALTH LLC

Ref. Number: L21000325825

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THIS DOCUMENT IS MISSING THE THIRD PAGE, PLEASE COMPLETE THE ATTACHED COPY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00029835

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	TETIC HEALTH LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Luis Brito		
		Name of Person	
		Firm/Company	
	12593 NW 32nd Manor		
	Sunrise/FL 33323	Address	
		City/State and Zip Code	
	lacbrito@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	alt:	
Luis Brito		305 790-2378 at ()	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for th	ne 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 Addres	is:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FILED

BIOENERGETIC HEALTH LLC

2022 JAN 24 PM 2: 39

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record: Liability Company)	⊾) SECRETARY OF STATE TALLAHASSEE, FILE
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000325825</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	411 Walnut Street	
(Principal office address MUST BE A STREET ADDRESS)	#18930	
Trincipal office and control of the	Green Cove Springs, FL 32043	-3443
Enter new mailing address, if applicable:	411 Walnut Street	
(Mailing address MAY BE A POST OFFICE BOX)	¥1 ≡18930	
(Stating agaress SIAT BE STOST OFFICE BOX)	Green Cove Springs, FL 32043-3443	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, ar provided for in Chapter 605, .	nd I am familiar with and F.S. Or, if this document is
16.01	noine Desistant Laurt Singley	C Nav Dogistared Agent

NO CHANGE

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>	Name	Address	Type of Action
	\		□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
			□Change
		_ \	🗀 Add
			□Remove
			□Change
<u>-</u>			
			Remove
			□Change
			□Add
			(Remove
			□Change

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
\ -	
_	
_	
_	
=	
-	
-	
_	
_	
_	
-	
-	
-	
-	
Fffeet	ive date, if other than the date of filing:
(If an eff	ive date, if other than the date of filing:
docun	nent's effective date on the Department of State's records.
	rd 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
ne recor ord is fi	
	November 17 2021 /
Dated	November 17 - 2021
	Signature of a member or authorized representative of a member
	Luis A. Brito
	Typed or printed name of signee