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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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Help

S. ROBERTS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023-05-22 18:26:25 GMT

BETTER HEALTH CONSULTIN			
(Name of the Lim	ifted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on 07	7/21/2021 and assigned	
Florida document number 1.21000331465	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	-	
Enter new principal offices address, if applicable:		2023	
(Principal office address MUST BE A STREET ADDRESS)			
		. ^>	
		_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
		9.	
		22	
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:	records, enter the name of the new registe	
Name of New Registered Agent:	KYLE J. GRUPP		
New Registered Office Address:	5455 N Federal Highway Ste K		
·	Enter Florida street address		
	Boca Rator.	, Florida ³³⁴⁸⁷	
	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 ull 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.

Mayle Area
H Changing Registered Agent. Signature of New Registered Agent

ĩo:

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			
Title	<u>Name</u>	Address	Type of Action
			⊒Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			(]Change
			□Add
			□Rепюч е

If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
- · · · · · · · · · · · · · · · · · · ·	
	
<u>-</u>	
- 	
<u></u>	
	
If an effective date is Note: If the date i	other than the date of filing:
e record specifies and is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	(i) My (k) At (a 100) A superficient of antiform of antiform of a member.
KYLE	J. GRUPP
	Typed or printed name of signee