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COVER LETTER

10: Registration Se Division of Cor		;		
HEALTH U	USA, LLC			
	Name of Lim	ited Liability Company		-
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CEDRIC SCOTT			
		Name of Person		
	HEALTH USA, LLC			
		Firm/Company		
	200 E ROBINSON STREI	ET, STE. 1120		
		Address		
	ORLANDO, FL 32801			
	INFO@HEALTH-USA.OR	City/State and Zip Code		_
	E-mail address: (to be used for future annual repo	rt notification)	2023 3350 174
For further information o	oncerning this matter, please c	all:		2023 OCT 16 PECRESSIN
CEDRIC SCOTT		855 204325 at ()	38	16
Name o	of Person		Paytime Telephone Num	
Enclosed is a check for the	he following amount:			m on
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certif () Certif	Filing Fee, feate of Status & fed Copy onal 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**

(Name of the Limited	Liability Compa Florida Limited	inv as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Lia	bility Company	were filed on 08/01/2021	and assigned
lorida document number L21000349480			_
his amendment is submitted to amend the follow	ving:		
If amending name, enter the new name of t	he limited liab	ility company here:	
he new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200 E ROBINSON STREET	2021 SE
Principal office address MUST BE A STREET ADDRESS)		SUITE 1120	CRI T
		ORLANDO, FL 32801	≥ = ····
inter new mailing address, if applicable:		200 E ROBINSON STREET	
Mailing address MAY BE A POST OFFICE BOX)		SUITE 1120	三三二
	<u> </u>	ORLANDO, FL 32801	tu e.
. If amending the registered agent and/or regent and/or the new registered office address			the name of the new regis
Name of New Projectored Aponts			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:		SON STREET, STE. 1120	
		Enter Florida street address	s orida ³²⁸⁰¹

HEALTH USA, LLC

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 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
MGR	CEDRIC SCOTT	200 E ROBINSON STREET	
		SUITE 1120	🗆 Remove
		ORLANDO, FL 32801	≡ Change
			□Add
			□Remove
		<u>. </u>	□ Change
			2b23 OCT Remove
			Change □ Add
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			□Add
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			C)Change

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of the date of th	
e: If the date inserted in this block does not meet the applicable statu ument's effective date on the Department of State's records.	story filing requirements, this date will not be listed a
ford specifies a delayed effective date, but not an effective time, at 12 filed.	:01 a.m. on the earlier of: (b) The 90th day after th
cd 10/9/23 Collin Server Signature of a member or authorized repr	
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