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## **COVER LETTER**

TO: Registration Se Division of Cor		, ·	►
SUBJECT: Na	Heal Bos	ited Liability Company	om munication
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Arthur N	Name of Person	
	Natteal 13	Firm/Company	-munication LLC
	7655 CR	714 Address	
	Center Hill	City/State and Zip Code	
	れりころうが E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
1+ v+ha. Name o	1 Extra	at (352) 610 Area Code Daytim	3/14 ne Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	区 \$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 Registration 1	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of T	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Mattenl 2 \	2022 APR 29 AM 9: 37
(Name of the Limited Liability	Company as it now appears on our Ronding.
(A Florida L	2022 AFR 29 AM 9: 37  Company as it now appears on our SECRETARY OF STATE  TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Cor	npany were filed on $\frac{10/23/2021}{2021}$ and assigned
Florida document number <u>L 21000 4593<b>32</b></u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d 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>SS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered cagent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida sweet address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered a	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

Title	Name	<u>Address</u>	Type of Action
MGR	Arthur Natteul	7655 (12714	<b>%</b> Add
		center Hill F1	ALM
AMBR	Jazmine Marrell	35926 Foredyce L	M □Add
		Dade (ity, Fl	□Remove
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Note: If the	date, if other the redate is listed, the he date inserted in s effective date o	n this block do	es not mee	the applica	o date of filing ble statutory (	or more than 90 Hing requiren	(optional days after filt nents, this days	al) ng ) Pursuant to 0 ite will not be i	505.0207 isted as 1
record sp d is filed.	ecifies a delayed	effective date.	but not an	effective tir	ne. at 12:01 a.	m, on the ear	lier of: (b)	The 90th day a	fier the
	- 4	1-29		2022	<u>.</u> .				
Dated		<b>.</b>	$\lambda \Delta$						
Dated	()();	1-29 Signat	ure of a men	iber or author	rized representa	tive of a memb	ei	·	

Filing Fee: \$25.00