

171000508496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

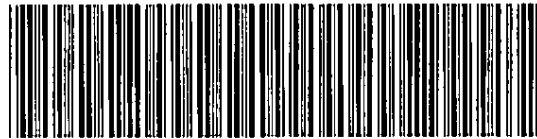
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/24/22--01021--002 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JAN 24 PM 3:04

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Y. SCOTT

FEB - 1 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heath by Design Ventures, LLC

Name of Filing Entity Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allie Litterer

Name of Person

Kuleona, LLC

Firm Company

5031 Challenger Way

Address

Pensacola, FL 32507

City State and Zip Code

kuleanumfo@protonmail.com

E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FL

2022 JAN 24 PM 3:04

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For further information concerning this matter, please call:

Allie Litterer

907

351-1920

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

Health by Design Ventures, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/30/2021 and assigned
Florida document number 121000508496.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

4421 Hitzing Ave

North Ft Myers FL 33903

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4421 Hitzing Ave

North Ft Myers FL 33903

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

4421 Hitzing Ave

Enter Florida street address

North Ft. Meyers

Florida 33903

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jeanie Deck	4421 Hipzing Ave	☐ Add
		North Fort Meyer, FL 33903	☒ Remove
			☐ Change
AMBR	Melody Jean Peck	4421 Hitzing Ave	☒ Add
		North Ft Myers, FL 33903	☐ Remove
			☐ Change
AMBR	Melody Jean Deck	4421 Hipzing Ave	☐ Add
		North Fort Meyer, FL 33903	☒ Remove
			☐ Change
MGR	Health by Design Church of Hope	4421 Hitzing Ave	☐ Add
		North Ft Myers, FL 33903	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2022 JAN 24 PM 3:10
CLERK OF STATE
TALLAHASSEE, FL

SECRET
2022 JUN 24 PM 3:04
SECURITY OFFICE
TALLAHASSEE, FL

FILED
2022 JUN 24 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of member or authorized representative of a member

Typed or printed name of signee