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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. BUTLER MAY 1 1 2022

COVER LETTER

Negistration Section of Corp.			
SUBJECT: Ab	indust heals	th Supplies	ilc
		, , ,	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
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	Carlos	Name of Person	
		Name of Person	
		Firm/Company	
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	& & & \ \	JE //Cth St	
	Michie	77161	
	MIMMI FL	City/State and Zip Code	
	(JZak	to be used for future annual report notif	lon
	E-mail address: (to be used for future annual report noti	fication)
For further information cor	ncerning this matter, please ca	all:	
Carbs 3	Labarala	at (GSY) 7680 Area Code Daytim	<i>1</i> 021
Name of F	Person	Area Code Daytim	e 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)
		0	
Mailing Address: Registration Se	ction	Street Address: Registration Sec	ction
Division of Cor		Division of Cor	porations
P.O. Box 6327 Tallahassee, FL	. 32314	The Centre of T	allahassee e Street, Suite 810
· wirainassee, I L		7-12 14 MOUIO	s sales, same ore

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADMINIST HEALTH ELLOWINE 116 2020 THED
(Name of the Limited Liability Company as it now appears on our reason y A Florida Limited Liability Company) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 1 2 5 6 5 1 6 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he 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)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:
zent andor the new registered office address nere:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City , Florida

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>	Address	Type of Action
MGR	Carlos Zabarain	12864 Biscayne Blud	🖸 Add
		Miani, FC, 33181	□Remove
			DChange
•			□ Add
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ffactio	e date, if other than the date of filing: (optional)
an effe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Durayout to 605 020
101C.	i the date inscribe in this block does not incertine applicable statutory bling requirements, this date will not be listed or
oc unic	nt's effective date on the Department of State's records.
recora l is file	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
	3/25/22
ated _	723/42
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	The state of the s



RECEIVED

FLORIDA DEPARTMENT OF STATE APR 18 AM 11: 45
Division of Corporations

SECRETATIY OF STATE TALLAHASSEE, FL

March 16, 2022

CARLOS ZABERAH 289 NE 116TH ST MIAMI, FL 33161

SUBJECT: ABUNDANT HEALTH SUPPLIES LLC

Ref. Number: L22000040712

We have received your document for ABUNDANT HEALTH SUPPLIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DID GIVE A COMPLETE ADDRESS FOR YOUR AUTHORIZE PERSON..

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.

Anissa Butler Regulatory Specialist II

Letter Number: 322A00006189