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Office Use Only



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SECRETARY OF STATE

A. BUTLER MAR - 8 2022

## **COVER LETTER**

TO:	Registration Sect Division of Corp.		•	4
SUBJI	ECT:		POP HEAUTH LL( ited Liability Company	ų ·
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Luz	Felency Rodrigue	ez
			Firm/Company	<del></del>
		7.0. Box	82460Z Address	
		Pembroke	Pines F1 330 City/State and Zip Code 2 ngpiscis 300 G to be used for future annual report notif	82
		E-mail address: (1	enapiscis 300 G	mail-Com
For fur	ther information cor	ncerning this matter, please ca		
Li	57 Helery Name of I	Rodrigue?	at ( <u>305</u> ) <u>50</u> Area Code Daytime	5 9168 Telephone Number
Enclos	ed is a check for the	following amount:		
<b>12</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

FILED

COLLIPOP	HEALTH	(LC 2021 FEB 28	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ability Company)	OUT TEEOFOSTETATIVE	OF STATE ISSE, FL
The Articles of Organization for this Limited Liability Company	_	1/31/2022	
Florida document number <u>L27000652153</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabii	ity Company." the design	ation "LLC" or the abbre	eviation "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)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our recor	ds, <u>enter the name c</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	treet address	
	City	Florida	Zip Code
N. B. J. C.	- <i>n</i> y		

### 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 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	Luz Helena Rodrigu	Pembroke Pines, Fl, 330	E⁄Add
		1 1 em broke tines, +1,330	Z □ Remove
			Change
<del></del>			□ Add
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	ited	02/73/	. 202	2/		
Signature of a member or authorized representative of a member		Signa	ature of a member or au	thorized representat	ive of a member	<u>~</u>
Typed or printed name of signee Podrique?		<u> </u>		•	* **	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00