

K22000052153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

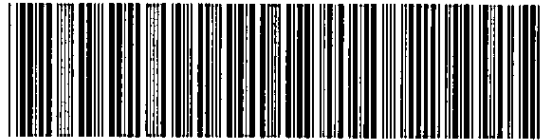
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300390464193

08/19/22--01004--006 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 SEP 14 AM 10:29

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2022

LUZ HELENA RODRIGUEZ  
899 NW 168TH AVE  
PEMBROKE PINES, FL 33028

SUBJECT: LOLLIPOP HEALTH LLC  
Ref. Number: L22000052153

We have received your document for LOLLIPOP HEALTH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are filed as a Limited Liability Company and you submitted the Articles of Amendment to Articles of Incorporation. I have enclosed the amendment for for the Articles of Amendment to Articles of Organization for you. Please complete and submit back to us for processing.

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) 245-6052.

Nadira D McClees-Sams  
EXECUTIVE ASSISTANT

Letter Number: 222A00024995

FILED  
2022 SEP 14 AM 10:29  
TALLAHASSEE, FLORIDA  
STATE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lollipop Health LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Luz Helena Rodriguez

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

899 nw 168th Ave

\_\_\_\_\_  
Address

Pembroke Pines, FL 33028

\_\_\_\_\_  
City/State and Zip Code

helenapiscis30@gmail.com

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

For further information concerning this matter, please call:

Luz Helena Rodriguez

305

505-505-9168

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 210  
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Lollipop Health LLC

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

FILED  
2022 SEP 14 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/31/22 and assigned  
Florida document number L22000052153.

This amendment is submitted to amend the following:

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

Lollipop Life LLC

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)**

899 NW 168 Th Ave

Pembroke Pines, FL 33028

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. BOX 824602

Pembroke Pines, FL 33082

**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:

*Enter Florida street address*

**Florida**

*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**

[illegible]

2022 SEP 14 AM 10:29  
SECRETARY OF STATE  
PALM BEACH, FL

FILED  
2022 SEP 14 AM 10:29  
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.



La Helena Rodriguez  
Typed or printed name of signee