## 122000193936

(Re	equestor's Name)	
(Ar	ddress)	
() (0		
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SCORETARY OF STATE OF STATE OF CORPORATION OF CORPO

T. MATTHEWS
JUN - 3 2022

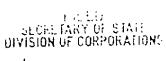
## **COVER LETTER**

TO:

TO: Registration Se Division of Con			
HEATHW	AYEXPRESS SERVICES LLO		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacqui Q.		
	<del></del>	Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	5511 Parkerest Drive Suite	: 103	
		Address	
	Austin, TX 78731		
		City/State and Zip Code	
	Fulfillment@zenbusiness.co		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Jacqui C/O ZenBusiness	the.	844 493-6249 at ()	
Name (	of Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for t	he 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 Addres Registration		Street Address:	ection
Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of T	l'allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 21 AM 9: 38

and assigned	
30 J. P. C. C. S. S. L. C. C. C.	
" or the abbreviation "L.L.C."	
Unit 105	
Unit 105	
Cape Coral, FL 33914	

## 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.

City

Florida

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
AMBR	Paige A. Hitchcock	1814 Savona Point Circle Unit 105	□Add
		Cape Coral, FL 33914	□Remove
			<b>■</b> Change
		<del></del>	□Add
			□Remove
		<del></del>	□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
		·	□Add
			□Remove
			□Change

<del></del>		<del></del>
<del> </del>		
	UPON APPROVAL	
Effective date, if other than the dat	of filing:ceific and cannot be prior to date of filing or more than	(optional)
Note: If the date inserted in this block document's effective date on the Depar	es not meet the applicable statutory filing requi	rements, this date will not be listed as t
he record specifies a delayed effective da ord is filed.	but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
Dated April 14th	2022	
/s/ Paige A. Hitchcoo		
	ure of a member or authorized representative of a me	ember

Filing Fee: \$25.00