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SECKE IARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	Registration Se Division of Cor			
eun iec		THPLUS LLC		
SUBJEC	· I :	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	endence concerning this matter	to the following:	
		Geraldine Marquez Cuest	12	
			Name of Person	
		SGS HEALTHPLUS LLC		
			Firm/Company	
		2882 BARD ST		
			Address	
		PALM SPRINGS, FL 334	06	
			City/State and Zip Code	*
		geraldinemc83@yahoo.es		·
			to be used for future annual report no	tification)
For furthe	er information c	oncerning this matter, please of	all:	
Geraldine Marquez Cuesta			561 704-1413	
· · · · · · · · · · · · · · · · · · ·	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25. 0	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		Street Address: Registration Se	ection	
	Division of C		Division of Co	
I	P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, FL 32314			2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SGS HEALTHPLUS LLC		
(Name of the Limited Liability Co	ompany as it now appears on our records. uted Liability Company))
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/10/2022	and assigned
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 ADDRES.	<u> </u>	<u></u>
Estavanos mailles address if annitable.		2023 J SECH ALLA
Enter new mailing address, if applicable:		ASS.
(Mailing address MAY BE A POST OFFICE BOX)		W.√
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida street address	
	, Floi	rida
	City , Filol	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>	Name	Address	Type of Action
AMBR	SAMMY PADILLA	2882 BARD ST PALM SPRINGS, FL 33406	\alpha \alpha Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			🗆 Add
			□ Remove
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Effective date, if other than	the date of f	illing: _	7/19/2023	<u> </u>		(opti	onal)		
If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does	not meet	the applica						
e record specifies a delayed efford is filed.	ective date, bu	t not an e	effective tin	ne, at 12:01	a.m. on the	earlier of: (b) The 90th d	lay after t	the
Oated JULY 19		2	023						
Jaucu									
Jaieu	1.	<i>(</i>)							

Typed or printed name of signee