## K22CCO259573

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LLC amend

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A. RAMSEY AUG - 1 2022

## **COVER LETTER**

TO:	Registration Sect Division of Corp	tion orations			
		HMATRIX LAKE MARY LL	С		
SUBJEC	;T:	Name of Limit	ed Liability Company		
The encl	osed Articles of A	amendment and fee(s) are subm	nitted for filing.		
Please re	eturn all correspon	dence concerning this matter to	o the following:		
		HIMANSHU V PATEL			
			Name of Person		-
		LIFETONERS, LLC			
			Firm/Company		_
		11479 MORNING GROVE	EDRIVE		
			Address		_
		LAS VEGAS, NV 89135			
			City/State and Zip Code		_
		drtimpatel@gmail.com	o be used for future annual re	pert notification)	
6 6 .	1	oncerning this matter, please ca		•	
		oncerning this matter, prease ea	704 458-	1102	
HIMA	NSHU V PATEL		at () Area Code	Daytime Telephone Numb	
	Name of	f Person	Area Code	Daytime rereptions remain	
Enclose	ed is a check for th	ne following amount:			
<b>≡</b> \$2.	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific Seed) Certific	Filing Fee, rate of Status & ed Copy all copy is enclosed)
	Mailing Address Registration 5 Division of C	Section	Division	tion Section of Corporations	
	P.O. Box 632	7	Ine Cen	tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL -1 AM 8: 13

Zip Code

MY HEALTHMATRIX LAKE MARY LLC	
(Name of the Limited Liability Compa (A Florida Limited	Inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L22000289873	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent: N/A	
New Registered Office Address:	
	Enter Florida street address
	, 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.

City

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	TA CONSULTING	3628 DEER OAK CIR	■Add
		OVIEDO, FL 32766	□Remove
			☐ Change
		<del> </del>	□Add
			□Remove
			□Change
			□Add
			□Remove
	<del></del>		□Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  06/27/2022  (optional)  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 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  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 ord is filed.  Dated  Dated  10/27/2022  10/27/2		
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Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member
	HIMANS	
HIMANSHU V PATEL		Typed or printed name of signee

Filing Fee: \$25.00