

L22000316096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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11/30/22--01001--014 \*\*

2022 NOV 28 AM 10:27  
SECURITY OF STATE  
TALLAHASSEE, FL

TO: Registration Section  
Division of Corporations

SUBJECT: Healthy Life. Medical Practice, 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 Patricia Morales

Name of Person

Healthy Life. Medical Practice, LLC.

Firm/Company

SP 4041 Stonetenge Road

Address

Mulberry, FL, 33860

City/State and Zip Code

equityhhcf@gmail.com.

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

For further information concerning this matter, please call:

Luz P. Morales

Name of Person

at (631)

Area Code

631 946 4546

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 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL  
NOV 28 2012

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TO  
**ARTICLES OF ORGANIZATION**  
OF

**Healthy Life. Medical Practice, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 07/15/22 and a Florida document number L22000316096.

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 "

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5925 Imperial PKW Y  
STE 117 Mulberry FL  
33860 - 8692

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the n 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 Cod

**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 con provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Ag**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person to be added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Rem
_____	_____	_____	<input type="checkbox"/> Char
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Rem
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_____	_____	_____	<input type="checkbox"/> Rem
_____	_____	_____	<input type="checkbox"/> Chang

SECRET  
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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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SECRETARY'S OFFICE  
VALTHER

2021 NOV 28 AM 10:27  
SECRETARY OF THE  
NAVY

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.

Dated 11/22/2022, 10:00 am.

Particulars.

Signature of a member or authorized representative of a member

Lu2 Patricia Morales.

Typed or printed name of signee

**Filing Fee: \$25.00**