Laa000317537

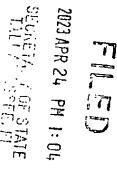
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Y. SCOTT
JUN 1 0 2022

COVER LETTER

TO: Registration So Division of Cor				
Live Health	ny LLC		.;	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
	ondence concerning this matter	-		
	Anthony A Fernandez			
		Name of Person		
		Firm/Company		202
	3314 Trinity Circle	типосоправу		2023 APR 2
		Address		. £ 1
	Fort Pierce, FL 34945		البارية المارية المارية	; <u></u>
	anthonyafernandez@yahoo	City/State and Zip Code	The state of the s	1:04,
The familiar intermention of		(to be used for future annual report not	tification)	
	oncerning this matter, please o	954 993-7648		
Anthony A Fernandez	f Person	at ()	ne Telephone Number	
. Tourie o	T Clovii	Area exact 12dylli.	ne retephone .vanteer	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C	orporations	Division of Co	orporations	
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallanassee oe Street, Suite 810)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Live Healthy LLC		da)	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	ed Liability Company)	oras.)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{L22000317537}{L22000317537}$.	my were filed on 07/18/2022		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lines of the	ability company here:		
The new name must be distinguishable and contain the word. "Limited Li	ability Company," the designation "I	.LC" or the ab	
Enter new principal offices address, if applicable:		<u> </u>	2023
(Principal office address MUST BE A STREET ADDRESS)		1.2	PR
			24 1
Enter new mailing address, if applicable:		OF STA	
Mailing address MAY BE A POST OFFICE BOX)		, <u>H</u>	1,0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, en	ter the nam	e of the new registe
Name of New Registered Agent:			
New Registered Office Address:		<u> </u>	
-	Enter Florida street add	dress	
		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 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
			□Add
			□Remove
			Change
			□Add
			SECOLO APR PR
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ctive date if other than th	re date of filing:		(antional)	
ctive date, if other than the effective date is listed, the date made inserted in this limits.	ust be specific and cannot be pri-	or to date of filing or more	than 90 days after filing	.) Pursuant to 605.0.
ment's effective date on the			quirements, this date	will not be fisted
ord specifies a delayed effect filed.	ive date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) Th	ie 90th day after t
d April 17	2023	·		
	11-	>		
	Signature of a member or aut	horized representative of a	member	