h22000395819

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COVER LETTER

	ration Section n of Corporations		
	etical Health LLC		٠.
SUBJECT:	Name of Lin	nited Liability Company	•
The enclosed A	ticles of Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	Jason O'Neal		
		Name of Person	
	Tactical Health LLC		
	-	Firm/Company	
	6970 SW 40th Street, Mil	ine Apt 449	
		Address	··
	Miami, FL 33155		
		City/State and Zip Code	
	jtoneal352@gmail.com		·
For further info	mation concerning this matter, please c	to be used for future annual report notified:	ication)
Jason O'Neal		352 235-0283	
	Name of Person	at () Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the following amount:		
□ \$25.00 Filir	g Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tactical Health LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on September 9, 2022	and assigned
Florida document number L22000395819		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	:SS)	
		TALL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		72 - 1
		55 - I
		ES 2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:		
Now Bouleton I Office Address		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , Florida _	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>	<u>Name</u>	Address	Type of Action
MGR	Jason O'Neal	650 SE 2nd Ave.	■Add
		Melrose Fl 32666	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

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		Dated	. 2022
Lizabet Azzaretto	Lizabet Azzaretto		Signature of a member or authorized representative of a member
	DIZACE / YZZARETO	Lizabas	(A zvaretto