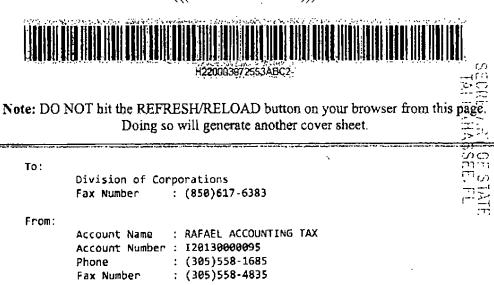
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEALTH HOPE ENTERPRISE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	HEALTH HOPE ENTERPRISE LLC	•	22 NO	
(Name of the Limite	d Liability Company as it now appears of A Florida Limited Liability Company)	='	522 N	
The Articles of Organization for this Limited Lie Florida document number L22000491431  This amendment is submitted to amend the follo	ability Company were filed on	11/16/2022	8 Assigned assigned ASSET FL	, ED
A. If amending name, enter the new name of		:		
The new name orust be distinguishable and contain the we Enter new principal offices address, if applics (Principal office address MUST BE A STREET	ble:			<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u> </u>			
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B. If amending the registered agent and/or reagent and/or the new registered office address:  Name of New Registered Agent:		ords, <u>enter the na</u>	me of the new reg	ristered
New Registered Office Address:			··	
New Registered Office Address.	Enter Florida	2 street address		
;		, 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 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

Title	Name .	Address	Type of Action
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- 99 SHA	ARES ( 99 % OF TOTAL SHARES	3) - YANKO CASTRO - MOR
- 1 SHA	ARES ( 1 % OF TOTAL SHARES	S) - CARLOS E MEJIA - AMBR
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nte Ifthe	te, if other than the date of filing the is listed, the date must be specific and date inserted in this block does not reffective date on the Department of S	(optional) ad cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 meet the applicable statutory filing requirements, this date will not be lists State's records.
record spec is filed.	ifies a delayed effective date, but no	or an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ated	NOVEMBER 22	2022
	. /	