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COVER LETTER

TO: Registration S Division of Co			
	EAILTH AIDE, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Fanny Hernandez		
		Name of Person	
	FANNY HEAILTH AIDE	E, LLC	
	**************************************	Firm/Company	
	1930 SW 2nd ST, APT 30	3	
	 	Address	
	Miami, FL 33135		7673
	Fannyhernandez61@hotma	City/State and Zip Code il.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Joselyn Lopez		786 4274783	် လူ့ (၁)
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FANNY HEAILTH AIDE, 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 January 27, 2023	and assigned
Florida document number L23000050963	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Fanny Business Group LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
		C 78
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maning data CS NEIT DE ATTOM OF THE BOX		
B. If amending the registered agent and/or registered o	office address on our records, enter th	e name of the new register
agent and/or the new registered office address here:	office address on our records, enter th	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	Citv	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>	Name	Address	Type of Action
		·	□Add
			Remove
			☐ Change
		<u> </u>	□Add
			□Remove
			Change
			☐ Add
			☐Remove
			Change
-			
			F-11
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			□ Remove

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			763
			2
an effective date is listed, the date ote: If the date inserted in this	the date of filing: must be specific and cannot be prior to dis block does not meet the applicable e Department of State's records.	(optional late of filing or more than 90 days after filing statutory filing requirements, this days	al) ing.) Pursuant to 605.02 ate will not be listed
record specifies a delayed effer is filed.	ctive date, but not an effective time.	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
April 29	, 2023		
	Fanny Hernandez		
	Signature of a member or authorize		