L23000127954

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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May 15, 2023

SKEETER CLARKE HEALTHY HEART AND MIND, LLC 3350 SW 148TH AVENUE SUITE 110 MIRAMAR, FL 33027 US

SUBJECT: HEALTHY HEART AND MIND, LLC

Ref. Number: L23000127954

We have received your document for HEALTHY HEART AND MIND, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

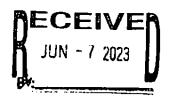
The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 623A00011043



COVER LETTER

	Registration Se Division of Cor			
6 E D 1 D 4 Y		HEART AND MIND, LLC		
SUBJEC	· ·	Name of Lin	nited Liability Company	_
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		SKEETER CLARKE		
			Name of Person	
		HEALTHY HEART AND	MIND, LLC	
			Firm/Company	
		3350 SW 148TH AVENU	E SUITE 110	
			Address	
		MIRAMAR, FL 33027		1
		-	City/State and Zip Code	_ 3
		HEALTHYHEARTANDM	_	ပ် (၁
For firetho	e information o	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)	1 2 ME
		emeering this matter, prease c		
SKEETEI	R CLARKE		754 366-6225 at ()	
	Name o	t' Person	Area Code Daytime Telephone Nur	nber
Enclosed i	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
F	Hailing Addres	Section	Street Address: Registration Section	
	Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee	
	Fallahassee, I		2415 N. Monroe Street. Suit	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTHY REART AND MIND LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>v.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000127954}{1.0000127954}$.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		19.00
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	×
	E) _c	orida
	, 1 10	31 I U U

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	SKEETER CLARKE	3350 SW 148TH AVENUE SUITE 110	
		MIRAMAR, FL 33027	≡ Remove
			□Change
AMBR	SKEETER CLARKE	3350 SW 148TH AVENUE SUITE 110	
		MIRAMAR, FL 33027	□Remove
			≡ Change
			□Ãdd
			□Remove
			□Ghange ::::::::::::::::::::::::::::::::::::
			□Remove
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			□Add
			□Remove
			□ Change

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Effective date, if (If an effective date is Note: If the date is document's effect	nserted in this	chlock does no	t incet the appli	icable statutory f	or more than 90 day illing requiremen	(optional) .s after tiling.) P ts. this date w	ursuant ill not t	to 605,0207 se listed as
he record specifies a ord is filed.	·	ctive date, but n	iot an effective	time, at 12:01 a.	m, on the earlier	of: (b) The S	90th day	y after the
,	·U	31	2023					
Dated <u>Ma</u>	·· <i>1</i> ——	-	-					

Filing Fee: \$25.00