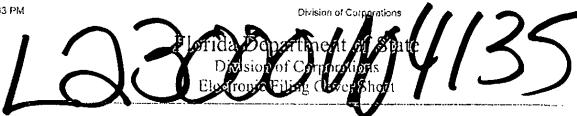
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10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 Fax Number : (388)453-6589

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

Email Address: ALLER MARINELLE & CONSTITUTE

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ANIA HEALTH LLC

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18884530509

COVER LETTER

TO: Registration Solivision of Con			
	ALTHILLC		
SUBJECŢ:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for illine	
	ondence concerning this matter	•	
	ED KOTLER		
		Name of Person	** * *** **********************
	TAX ZONE INC		
		Firm/Company	es dissentanteel -shell-all-all-all-all-all-all-all-all-all-
	8865 COMMODITY CIR		
	in 14 martinism 658 più didir tre calculation i diagno baja galaci più a marici	Address	an apriliant of the formation and the same from the
	ORLANDO, FL 32819		
		City/State and Zip Code	
	ACCOUNTANT@TAXZO		
		to be used for future annual report not	(fration)
For further information of	concerning this matter, please c	all:	
ED KOTLER		407 888-3131	
Name o	if Parson	at () Arm Code Daysin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 #iling Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy (senclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monto	Fallahassee e Street, Suite 810

Tallahassee, FL 32303

ANIA HEALTH LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Lisbiljty Comp: A Florida Limited	my as it now appears on our co Liability Company)	ecords.)	***************************************	
The Articles of Organization for this Limited I Florida document number L23000404135		were filed on <u>08/28/2023</u>		and assig	gned
This amendment is submitted to amend the fol					
A. If amending name, enter the new name of	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbrevi	ation "L.L	.C."
Enter new principal offices address, if appli-	cable:	2161 LAKE SIDE AVE			
(Principal office address MUST BE A STREET ADDRES		DAVENPORT, FL 33837			
Enter new mailing address, if applicable:		2161 LAKE SIDE AVE			
(Mailing address MAY BE A POST OFFICE	(BOX)	1 0 4 5 F (N.17) 325 1 F 7 1 3 5 4 1			
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:	address on our records, w	-	the new 2023	registerec
New Registered Office Address:	2161 LAKE SE				
Evan tregulario intro in trockio.	Belle for Arrenan Angeles (Maryamanana arrena	Enter Florida street a	ddruss	رن ان	
	DAVENPORT		Florida 33837	بر ھ∟	r, i
		City	-, Z	ip Code	
New Registered Agent's Signature, if changing	Registered Agent:		••	12	
I hereby accept the appointment as registere	ed agent and agr	ee to act in this capacity.	I further agree t	o compl	y with the

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

To:

Title	<u>Name</u>	Address	Type of Action
AMBR	HATAM POUR, NARSI	2161 LAKE SIDE AVE	□Add
		DAVENPORT, FL 33837	□Remove
			# Change
AND THE RESERVE AND ADDRESS OF THE PERSON OF			□Add
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lf an effect <u>Noter</u> 1f	date, if other than the date of filing:
record s d is tited	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Signature of a member or authorized representative of a member
	Typed or printed name of signor

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