L23000420593

Office Use Only



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CA Business Ventures LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Celio Araujo Name of Person CA Business Ventures LLC Firm/Company 300 SW 23rd st, unit 1 Address Fort Lauderdale, Florida 33315 City/State and Zip Code celioaraujo10@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 9280077 Celio Araujo Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section

Division of Corporations

FO:

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 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

CA Business Ventures LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000420593	were filed on 09/08/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
CA Health & Performance LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:	222 North Federal Highway	
(Principal office address MUST BE A STREET ADDRESS)	Ste 107	
	Dania Beach. Florida, 33004	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PHASE STATE OF THE PARTY OF THE	V-5 PH 4:56
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	ot <u>e new registe</u>
Name of New Registered Agent:	.	<u> </u>
New Registered Office Address:	Enter Florida street address	
	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 torovisions 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Josephine Cantona	300 SW 23r2 St, unit 1	_ []Add
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