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SECRETARY OF STATE
TALLAHASSEE, FI

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
Complete F	lealth Partners LLC.		•	
SUBJECT:	Name of Lim	ited Liability Company		
Thu analysis Antalys of	Amanda and and Cartal and gath	actions for eller		
	Amendment and fee(s) are sub	_		
Please return all correspo	ndence concerning this matter	to the following:		
	Kristian Gibson		·	BUHNR 12 MID: 48
		Name of Person		語為當
	Complete Health Partners	LLC		額では
		Firm/Company		1000 星
	5701 Azalea Cir			EF. 10
		Address	<u>,</u>	THE B
	West Palm Beach, FL 334	15		
		City/State and Zip Code	<del> </del>	
	xion_69@msn.com			
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information co	oncerning this matter, please ea	all:		
Kristian Gibson		561 856-4816		
Name of	l Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate o Certified Co (additional copy	f Status & py
Mailing Address Registration S		Street Address: Registration Sec	tion	
Division of C	orporations	Division of Corp		
P.O. Box 632	7	The Centre of Ta	allahassee	

ND

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kristian Gibson			
(Name of the Lim	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited I	.iability Company were filed on _	October 11, 2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	here:	
			708
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the ab	breviation: L.L.C.":
Enter new principal offices address, if appli	cable:	, , , , , , , , , , , , , , , , , , ,	
Principal office address MUST BE A STREI	ET ADDRESS)		地名 图
			AR = 3
			いの。 中国 デ
Enter new mailing address, if applicable:			~ <del>~</del> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Mailing address MAY BE A POST OFFICE	<i>BOX</i> )		
<ol> <li>If amending the registered agent and/or agent and/or the new registered office addresses</li> </ol>	registered office address on our ss here:	records, enter the nam	e of the new registere
	<u></u>		
Name of New Registered Agent:	Kristian Gibson		
New Registered Office Address:	5701 Azalea Circle		
	Enter F1	orida street address	
	West Palm Beach	, Florida <sup>334</sup>	115
	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

<u>Title</u>	Name	Address	Type of Action
MGR	Kristian Gibson	5701 Azalea Cir. West Palm beach, FL 33415	<b>=</b> Add
			□Remove
			□Change
AMBR	Shnaydarling Richardson	5701 Azalca Cir, West Palm Beach, FL 33415	<b>=</b> Add
			□Remove
ı			Change
AMBR	Kristian Gibson	5701 Azela Cir, Vest Pam Bire	2024 Add Add Add
			_∩⊠Remove
		TO THE	∰Change <sup>191</sup>
			□Remove
			DChange
			_ □Add
			□Remove
			□Change
			□Add
			_ □Remove
			Chungo

Effective date, if other than the date of filing:  (Optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filted.  Dated  January 19th  2024  Signature of a member or authorized representative of a member										
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Signature of a member or authorized representative of a member	Dated		- ,	·						
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	- Thurs	2	~							

Filing Fee: \$25.00