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(Re	equestor's Name)
(Ád	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Br	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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COVER LETTER

то:	Registration Se Division of Cor				
			ICAL SERVICES TO LIFE BRA	ND HEALTH	
SUBJE	CCT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Fred A. Kelly II			
			Name of Person		
		LIFE BRAND HEALTH			~1
			Firm/Company		2024 T
		1114 Cambridge Street			
			Address		:
		Deltona, Fl. 32725			
			City/State and Zip Code		් ර ර
		contact@lifebrandhealth.co			نت ا
			to be used for future annual report no	(titication)	
hor tur	ther information c	oncerning this matter, please c	all:		
FRED	KELLY		407 952-5705 at ()		
·	Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclos	ed is a check for th	ne following amount:			
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOKUA MEDICAL SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/5/2023 Florida document number $\frac{1.23000517257}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LIFE BRAND HEALTH LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida <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.

City

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
			□ Add
			□Change
			☐ Remove
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fective date, if other than the	date of filing:	(opt	ional)
<u>ite:</u> If the date inserted in this bl	ock does not meet the applicable	ate of filing or more than 90 days after statutory filing requirements, th	er filing.) Pursuant to 605.02 is date will not be listed:
cument's effective date on the D	epartment of State's records.		
ecord specifies a delayed effectivis filed.	re date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after th
ted April 1st	2024		
		lly 1 tepresentative of a member	

Filing Fee: \$25.00