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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 : (407)418-2435 : (407)420-5909 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEALTH AWARENESS, LLC

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Page: 2 of 4

ARTICLES OF AMENDMENT TO **OF**

ARTICLES OF ORGANIZATION Health Awareness, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 12/04/2023 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned

Florida document number <u>L23000535885</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin N/A	nited liability company here:		
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	e: 500 University Blvd., Suite 208		
(Principal office address MUST BE A STREET ADD	RESS) Jupiter, FL 33458		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 8. If amending the registered agent and/or registered	500 University Blvd., Suite 208 Jupiter, FL 33458 Go and office address on our records. enter the name of the new register.		
agent and/or the new registered office address here:	<u>ω</u> [-		
Name of New Registered Agent:	Capitol Corporate Services, Inc.		
New Registered Office Address:	515 East Park Ave., 2nd Floor		
•	Tallahassee Enter Florida street address Florida 32301		

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

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc. If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Note, just correcting spelling

MGR = Manager AMBR = Authorized Member

Page: 3 of 4

Title	<u>Name</u>	Address	Type of Action
AMBR	Diane Surowitz	2185 Radnor Ct.	□Add
		North Palm Beach, FL 33408	
			OChange
MGR Douglas Surowitz	2185 Radnor Ct.	□Add	
		North Palm Beach, FL 33401	Kemove
AMBR	Eximia Research Acquisition Holdings,	4201 Lake Boone Trail, Suite 001	X ² Add
	LLC	Raleigh, NC 27607	□Remove
			[]Change
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			□Remove
		🗆 Add	
			□Remove
			□Change
		DRemove	
(((H24000	228753 3)))		□Change

To 18506176383.

From: Heather Irving

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ote:	ive date, if other than the date of filing:
ecoi is fi	rd 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 led.
ated	July 3, 2024
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memori
	Bradford Corbin