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(Re	questor's Name))
(Ad	dress)	
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(Cit	 y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		Advisors LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ited Liability Company	
The encloses	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		Simone Mikulinsky		
			Name of Person	
		SM Health Advisors LLC		
			Firm/Company	
		2970 Avalon Toscana Ln F	E Apt 308	
			Address	
			City/State and Zip Code	
		simonemikulinsky@gmail.c		
			to be used for future annual report notif	lication)
For further i	information c	oncerning this matter, please c	all:	
Simone Mil	kulinsky		561 332-7405	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is	a check for the	he following amount:		
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	C! \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy republiced)
M	ailina Addras		Street 4 ddrawr	HAG

TO:

Registration Section

Mailing Address: 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SM Health Advisors LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company with $\frac{1.24000042767}{1.24000042767}$	ere filed on January 23, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L1,C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>. </u>
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		,
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	ب:
	, Florid	SEC OZI
	City	Aprilia de de la companya del companya del companya de la companya
New Registered Agent's Signature, if changing Registered Agent:		至 100 1
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and l covided for in Chapter 605, F.S	am famil 44 with an d

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	<u>Address</u>	Type of Action
MGR	Simone Mikulinsky	2970 Toscana LN E APT 308, Margate, FL 33063	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			TALLE TALLE
			2024 BAR ZBG AM II: II SECRETIALE OF STATE OF TAULAHAS SEELFL
			EF SAAII
			□Remove
			☐ Change

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Signature of a member or authorized representative of a member	XIN						72	=
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	Simone Mikulinsky							

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Filing Fee: \$25.00