

L24000130155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

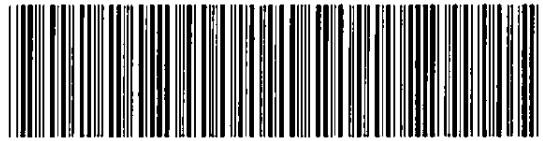
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/04/24--01022--002 **25.00

FILED
2024 SEP -4 PM 4:00
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations



August 22, 2024

RICHARD MCCULLOUGH
2706 RAVELLA WAY
PALM BEACH GARDENS, FL 33410

SUBJECT: EXO HEALTH & HYDRATION, LLC
Ref. Number: L24000130155

We have received your document for EXO HEALTH & HYDRATION, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

NOTE: The \$35.00 filing fee that was sent was used to file the Statement of change of Registered Agent/Office that was filed on July 19th. The Articles of Amendment would require a filing fee.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 324A00018760

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EXO HEALTH & HYDRATION, LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

FILED
2024 SEP -4 PM 4:00

**CLERK OF STATE
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 03/15/2024 and assigned
Florida document number L24000130155.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CELL FUSION, 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:

Richard McCullough

New Registered Office Address:

2706 Ravella Way

Enter Florida street address

Palm Beach Gardens

City


Florida

Zip Code

33410

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR AMBR	Richard McCullough	2706 Ravella Way, Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard McCullough	2706 Ravella Way, Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2024 SEP -4 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2024 SEP -4 PM 4:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8-15-2024

Richard McCullough
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Richard McCullough
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00