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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		HATTIANS, LLC	and the second s	
3 0 1 30 62	<u> </u>	Name of Limi	ted Liability Company	
The enc	losed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	idence concerning this matter	to the following:	
		DOTTIE RANDAZZO		
			Name of Person	···
		PROFESSIONAL LEGAL	ASSISTORS, INC.	
			Firm/Company	
		2628 BELAIRE DRIVE		
			Address	
		WILMINGTON, DE 1980	8	
			City/State and Zip Code	
		dottic@biz-usa.com		
		E-mail address: ()	to be used for future annual report noti	ification)
For furt	her information co	oncerning this matter, please ca	all:	
DOTTI	E RANDAZZO		302 999-9960 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	e following amount:		
≡ \$23	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

HEALTH	14 HATTIANS, LLC	
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number 1.24000234226	npany were filed on 05/20/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	f Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<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 of	ffice address on our records, enter th	e name of the new registe
agent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	ida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CLINT PIERRE-LOUIS	1000 NW 65TH STREET	🗆 Add
		UNIT 103	≅Remove
		FORT LAUDERDALE, FL 33309	□Change
			□Add
			□Remove
			□ Change
			Remove
			Change
			□ Add
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