Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003889173)))



H240003889173ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : HEALTH SERVICES CONSULTING GROUP

Account Number : I20240000159 : (305)810-7054

Fax Number : (305)603-7042

ter 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 HELJUS WELLNESS CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240003889173ABC9

HELIUS WELLNESS CENTER LLC	, - ,	
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our remitted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L24000486063</u>	npany were filed on 11/18/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limiter	d liability company here:	
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 ADDRES	<u> </u>	
		202
Enter new mailing address, if applicable:		2024 NOV 2
Mailing address MAY BE A POST OFFICE BOX)		10 N
Manual 200 1011 102 11 102 2011		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>en</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		, Florida
<del></del>	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, enter the title, name, and address of each person being added or removed from our records: H240003889173

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	YASSER MUNOZ	7991 SW 40 STREET	∃Add
_		UNIT #25	□Remove
		MIAMI, FL 33155	□ Change
			□ Add
N,	V.		□Remove
			☐ Change
		DAdd	
			□ Remove
			☐ Change
		□Add	
			Петоче
			☐ Change
			☐Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

## H240003889173

5	PLEASE ADD EIN NUMBER	332 <i>0031</i> 88	
-			
_			
_			
-			
-			
-			
_			
_			
_			
-			
	<del></del>		
_			
_	· · · · · · · · · · · · · · · · · · ·		
-			
-			
_			
Effecti	ve date, if other than the date	of filing: (optional)	
If an effi	ective date is listed, the date must be sp	c of filing: (optional)  pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 loes not meet the applicable statutory filing requirements, this date will not be listed	.0207
docum	it the date inserted in this block de ent's effective date on the Departh	ment of State's records.	
e r <del>e</del> core	d specifies a delayed effective date	e, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th day after	the
rd is fil	ed.		
	NOVEMBER 22	2024	
Dated.		7.4	
	1 A Cal		
	Signa	ature of a member or authorized representative of a member	
	•		
	LEONOR CASTILLO MAR		