

M16000010262

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

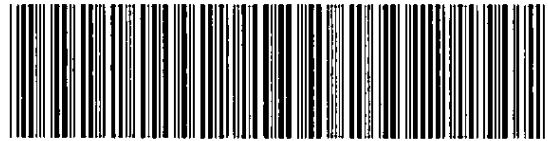
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 DEC 11 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Health Merch, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Sherman

Name of Person

HealthMerch, LLC

Firm/Company

2103 Coral Way, Suite 304

Address

Miami, FL 33145

City/State and Zip Code

benjamin@healthmerch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Sherman

at ( 212 ) 203-9209

Name of Person

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Health Merch, LLC

Enter new principal office 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**)

2. The Florida document number of this limited liability company is: M16000010262

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/19/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: HealthMerch, LLC  
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

Benjamin Sherman

Signature of the authorized representative

Benjamin Sherman

\_\_\_\_\_  
Typed or printed name of signee

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Health Merch, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

**Amending Article 1: The name of the LLC is HealthMerch, LLC**

By: \_\_\_\_\_

*Benjamin Sherman*

Authorized Person

Name: Benjamin Sherman

Print or Type

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Entity Details

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**THIS IS NOT A STATEMENT OF GOOD STANDING**

File Number: **5127056**      Incorporation Date / **3/15/2012**  
Formation Date: (mm/dd/yyyy)

Entity Name: **HEALTHMERCH, LLC**

Entity Kind: **Limited Liability Company**      Entity Type: **General**

Residency: **Domestic**      State: **DELAWARE**

**REGISTERED AGENT INFORMATION**

Name: **A REGISTERED AGENT, INC.**

Address: **8 THE GREEN, STE A**

City: **DOVER**      County: **Kent**

State: **DE**      Postal Code: **19901**

Phone: **302-288-0670**

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

Would you like ☐ Status ☐ Status, Tax & History Information

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