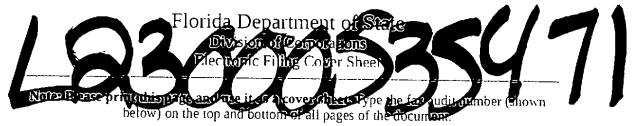
To: 18506176383

Page: 1/4

From: Registered Agents Inc.

Fax: 8134365206

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HALO HEALTH GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

T. LEMIEUX JAN 08 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ... OF

Halo Health Group LLC	Ç.
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 12/01/2	and assigned
Florida document number L23000535471	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "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 record	do ontonello accordi
agent and/or the new registered office address here:	is, enter the name of the new registered
Name of New Registered Agent:	9
New Registered Office Address:	
Enter Florida su	eet address
	Florida
Cio: New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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.

Page: 3/4

From: Registered Agents Inc

Fax: 8134365206

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>	Address	Type of Action
MGR 	WATERFRONT INVESTMENTS GROUP	CORPORATION	
		12440 PARIGI WAY	_
		SARASOTA, FL 34238	
			🗀 Add
			©Remove
			Change
			□Add
			□Remove
-			□Add
			□Remove
			□ Change
			□Add
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			□Change
			□Remove
			□ Change

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To: 18506176383

Page: 4/4

From: Registered Agents Inc.

Fax: 8134365206

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(If an ef Note:	etive date, if other than effective date is listed, the date . If the date inserted in this ment's effective date on the	must be specific and s block does not a	cannot be prior t sect the applica	o date of filing or r ble statutory fili	note than 90 days	optional) after filing.) Pursuar , this date will not	n to 605,0207 () be listed as th
he reco ord is f	ord specifies a delayed effe filed.	ctive date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier o	f: (b) The 90th d	ay after the
Dated	December 13	,	2023				
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		Signature of a n	nember or author	ized representativ	e of a member		