

LOA900005280C

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SODL & INGRAM PLLC  
Account Number : 120190000071  
Phone : (904)257-5777  
Fax Number : (904)347-2738

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

Email Address: patti@healtheconomics.com

2020 NOV -9 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HEALTHECONOMICS.COM, LLC

Certificate of Status	0
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTHECONOMICS.COM, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/29/2009 and assigned Florida document number L09000052800.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1327 WALNUT STREET

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32206

Enter new mailing address, if applicable:

1327 WALNUT STREET

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FL 32206

**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:

PATRICIA PEEPLES

New Registered Office Address:

1327 WALNUT STREET

*Enter Florida street address*

JACKSONVILLE

Florida

32206

*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.*

  
Patricia Peoples  
If Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	STEVE GUSTAFSON	449 S. MILL VIEW WAY	<input type="checkbox"/> Add
		PONTE VEDRA BACH, FL 32082	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GRETCHEN FERRELL	1166 3RD AVENUE NORTH	<input type="checkbox"/> Add
		JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICIA PEEPLES	1327 WALNUT STREET	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32206	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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