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## **COVER LETTER**

Div	ision of Corp	orations		
eubirat.	Sunspire Hea	alth Florida, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		David Hatton		
		<del></del>	Name of Person	
		David L. Hatton, P.A.		
			Firm/Company	
		2960 Wentworth		
			Address	<del></del>
		Weston, FL 33332		
			City/State and Zip Code	<del></del>
		dhatton@hattonlaw.com		
		E-mail address: ()	to be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please ca	all:	
David Hatto			954 281-3740 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILES

lity Company as it now apped a Limited Liability Company	
	08/14/2013 - An ASSEE, F and assigned
nited liability company	<u>iere</u> :
mited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."
ORESS)	
600 W Hillsbe	oro Blvd., Suite 350
Deerfield Bea	ch. FL 33441
<u>dress here</u> :	on our records, enter the name of the new
) Wentworth  Enter Fi	lorida street address
iton	, Florida 33332
City	Zip Code
	istered office address of dress here:  VID L. HATTON, P.A.  O Wentworth  Enter FI

## 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

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	Joseph Tuttle	950 N FEDERAL HIGHWAY #115	Add
		Pompano Beach, FL 33062	■ Remove
			Change
MGR Garry Jonas	Garry Jonas	600 W HILLSBORO BLVD SUITE 350	_ <b>_</b> ≣ Add
		DEERFIELD BEACH, FL 33441	Remove
			Change
MGR Scott Modist	600 W HILLSBORO BLVD SUITE 350		
	DEERFIELD BEACH, FL 33441	☐ Remove	
		Change	
MGR	David Hatton	600 W HILLSBORO BLVD SUITE 350	<u></u>
		DEERFIELD BEACH, FL 33441	□ Remove
			Change
		□ Add	
			Remove
		□ Change	
			☐ Remove
			☐ Change

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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	lock does not meet the applicable s	of filing or more than 90 days a	ptional) after filing.) Pursuant to 605.0207 (3 this date will not be listed as the
the record specifies a delaye  ) The 90th day after the rec	d effective date, but not an cord is filed.	effective time, at 12:0	1 a.m. on the earlier of:
Dated Agri) \Cl	. 2019		
•	Day Horr	-	
	Signature of a member or authorized	representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00