

12/23/21, 3 08 PM

Division of Corporations

**LI800011039**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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

From: Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP  
 Account Number : I20060000021  
 Phone : (561)833-9800  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: JOHN.TURNER@SAUL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 HEALTHCARE PROFESSIONAL ASSOCIATION, LLC**

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 Help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H210004667463

HEALTHCARE PROFESSIONAL ASSOCIATION, 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 May 2, 2018 and assigned Florida document number L18000111039.

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:  
(Principal office address MUST BE A STREET ADDRESS)

3567 MOON BAY CIRCLE  
WELLINGTON, FL 33414

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

3567 MOON BAY CIRCLE  
WELLINGTON, FL 33414

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HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

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:

SEAN HABER

New Registered Office Address:

3567 MOON BAY CIRCLE

Enter Florida street address

WELLINGTON

Florida 33414

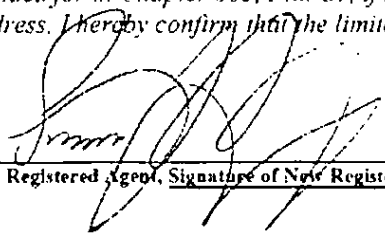
City

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



H210004667463

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	HEALTHCARE PROFESSIONAL	260 1st Avenue South	<input type="checkbox"/> Add
	LIABILITY SPECIALIST, LLC	Saint Petersburg, FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SEAN HABER	3567 Moon Bay Circle	<input checked="" type="checkbox"/> Add
		Wellington, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREW CUNNINGHAM	2933 Lakewood Pointe Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32817	<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

