

L20000049786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

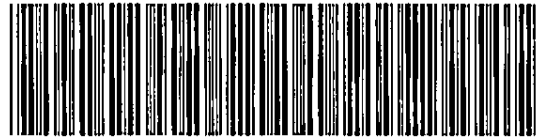
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Allie'd Health Programs FL, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denay Brown, Esq.

Name of Person

Messer Caparello, PA

Firm/Company

261S Centennial Place

Address

Tallahassee, Florida 32308

City/State and Zip Code

dbrown@lawfla.com

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

For further information concerning this matter, please call:

Denay Brown

850 294-7795

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing 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
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

77 10 11 1:47

Allied Health Programs, 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 02/14/2020 and assigned Florida document number L20000045786.

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)

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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Bob Harris, Esq.

New Registered Office Address:

2618 Centennial Place

Enter Florida street address

Tallahassee

Florida

32308

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, hereby confirm that the limited liability company has been notified in writing of this change.

(Signature)
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	JERRY ROZENBERG	1401 KINGS HWY, 2ND FLOOR	<input type="checkbox"/> Add
		BROOKLYN, NY 11229	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JERRY ROZENBERG	1401 KINGS HWY, 2ND FLOOR	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11229	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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