

L22000014958

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2023 JUL -6 PM 5:42
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cf 8/14/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of Owner for Healthcare Business Resource Alliance, 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:

Anthony C. Cowan
Name of Person

Healthcare Business Resource Alliance, LLC
Firm/Company

7825 La Sierra Court
Address

Jacksonville, FL 32256
City/State and Zip Code

info@thehbra.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony C. Cowan at (321) 246-5404
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

Healthcare Business Resource Alliance, LLC

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

2023 JUL -6 PM 5:4

The Articles of Organization for this Limited Liability Company were filed on 1/6/2022 and assigned Florida document number L22000014958.

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:

7825 La Sierra Court

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32256

Enter new mailing address, if applicable:

7825 La Sierra Court

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32256

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:

Anthony C. Cowan

New Registered Office Address:

7825 La Sierra Court

Enter Florida street address

Jacksonville,

City

Florida

32256

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

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>
<u>MGR</u>	<u>Healthcare Circle of Excellence</u>	<u>P.O. Box 196717</u>	<input checked="" type="checkbox"/> Add
		<u>West Winter Springs, FL 3279</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Anthony C. Cowan</u>	<u>7825 La Sierra Court</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville, FL 32256</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>OPA-BRM, LLC</u>	<u>1500 Bellville Rd.</u>	<input type="checkbox"/> Add
		<u>Suite 606-367</u>	<input checked="" type="checkbox"/> Remove
		<u>Daytona Beach, FL 32114</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Our Calling, LLC</u>	<u>1500 Bellville Rd.</u>	<input type="checkbox"/> Add
		<u>Suite 606-367</u>	<input checked="" type="checkbox"/> Remove
		<u>Daytona Beach, FL 32114</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Purchasing Connections, Inc.</u>	<u>133 Evergreen Rd.</u>	<input type="checkbox"/> Add
		<u>Suite 210</u>	<input checked="" type="checkbox"/> Remove
		<u>Louisville, KY 40243</u>	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~See attached executed purchase agreement reflecting new Manager of Healthcare Business Resource Alliance to be the Healthcare Circle of Excellence.~~

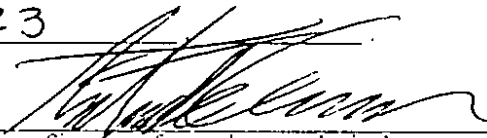
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 6/29/2023



Signature of a member or authorized representative of a member

Anthony C. Cowan

Typed or printed name of signee