

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000389776

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2023 DEC 15 AM 10:55

To:

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

From:

Account Name : FLORIDA ENTREPRENEUR LAW, P.A.
Account Number : I20190000063
Phone : (954)882-4119
Fax Number : (954)882-4119

2023 DEC 15 PM 2:52

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

Email Address: ddudai@floridaentrepreneurlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DIGITAL HEALTH INFORMATION TECHNOLOGIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

(((H23000426818 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: DIGITAL HEALTH INFORMATION TECHNOLOGIES, 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:

DANIELLE DUDAI

Name of Person

FLORIDA ENTREPRENEUR LAW, PA

Firm/Company

101 NE 3RD AVE, SUITE 1500

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

ddudai@floridaentrepreneurlaw.com

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

For further information concerning this matter, please call:

DANIELLE DUDAI

954

937-1599

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

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

(((H23000426818 3)))

DIGITAL HEALTH INFORMATION TECHNOLOGIES, 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 8/01/2022 and assigned
Florida document number L22000389776.

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:

New Registered Office Address:

Enter Florida street address

Florida

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

(((H23000426818 3)))

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	THOMAS O' CONNOR	2151 E COMMERCIAL BLVD	<input type="checkbox"/> Add
		SUITE 302	<input checked="" type="checkbox"/> Remove
		FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change
AMBR	WENDY O' CONNOR	2151 E COMMERCIAL BLVD	<input type="checkbox"/> Add
		SUITE 302	<input checked="" type="checkbox"/> Remove
		FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change
MGR	ANABOLIC DOC INC.	2151 E COMMERCIAL BLVD	<input checked="" type="checkbox"/> Add
		2151 E COMMERCIAL BLVD	<input type="checkbox"/> Remove
		FT. LAUDERDALE, FL 33308	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 DECEMBER 13, 2023

Dr. Tom O'Connor (Dec 14, 2023 12:06 EST)

Signature of a member or authorized representative of a member

Dr. Tom O' Connor

Typed or printed name of signee

Filing Fee: \$25.00

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