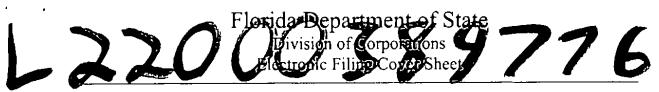
Fax: (850) 617-6381

Page: 1 of 5

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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6383	2875
From:	Account Name : FLORIDA ENTREPRENEUR LAW, P.A. Account Number : I20190000063 Phone : (954)882-4119 Fax Number : (954)882-4119	
ann	ual report mailings. Enter only one email address please.**	, 0
	From: **Enter t	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 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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COVER LETTER

Page: 2 of 5 (((H230004268183)))

	sistration Se ision of Cor			
CUDIECT.		HEALTH INFORMATION TE	CHNOLOGIES, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		DANIELLE DUDAI		
			Name of Person	
		FLORIDA ENTREPRENE	EUR LAW, PA	
			Firm/Company	
		101 NE 3RD AVE, SUITE	E 1500	
			Address	
		FORT LAUDERDALE, F	1. 33301	
			City/State and Zip Code	
		ddudai@floridaentrepreneu	rlaw.com	
		E-mail address: (to be used for future annual report	notification)
For further in	nformation c	oncerning this matter, please ca	all:	
DANIELLE	DUDAI		954 937-159 at ()	9
	Name o	f Person		ytime Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 I	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)
	iling Addres		Street Addres	
	gistration S vision of C	Section Corporations	Registration Division of	Corporations
) Day 622	•		of Tallahassee

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

DIGITAL HEALTH INFORMATION TECHNOLO	GIES, LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000389776</u> .	y were filed on <u>8/01/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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:		r ₂
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City Flor	rida
New Registered Agent's Signature, if changing Registered Agent	·	Σφ Cirae
hereby accept the appointment as registered agent and age or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	ree to act in this capacity. I fur e performance of my duties, and provided for in Chapter 605, F	II am familiar with and S.S. Or, if this document is
II Ch	anging Registered Agent. Signature of	New Registered Agent

From: Michelle Suarez

n: Michelle Suarez Fax: 19544005096 To: Fax: (850) 617-6381 Page: 4 of 5 12/14/2023 6:22 PM (((TZSOUU4ZUO 10 S)))

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	THOMAS O' CONNOR	2151 E COMMERCIAL BLVD	DAdd
		SUITE 302	■ Remove
		FT. LAUDERDALE, FL 33308	
AMBR	WENDY O' CONNOR	2151 E COMMERCIAL BLVD	
		SUITE 302	
		FT. LAUDERDALE, FL 33308	
MGR	ANABOLIC DOC INC.		
		2151 E COMMERCIAL BLVD	
		FT. LAUDERDALE, Ft. 33308	□Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Fax: 19544005096

To:

Fax: (850) 617-6381

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Effective date, if other tall an effective date is listed, the Note: If the date inserted document's effective date	in this block does no	ot meet the applice	o date of filing or mo ble statutory filing	(option ore than 90 days after f requirements, this	nal) lling.) Pursuant to 605.020 date will not be listed a
e record specifies a delayed rd is filed.	d effective date, but	not an effective ti	me, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after the
DECEMBER 13		2023			
T	C				
7	onnor (Doc.14, 2023 Signature o	13:06 EST) f a member or autho	rized representative	of a member	

Filing Fee: \$25.00

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