

L24000490331

Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BARRY BRENNAN HEALTHCARE CONSULTING LLC**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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To:

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2025-01-04 11:04:53 UTC+14 18506176383
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

From: ZenBusiness User
H25000003698 3

Barry Brennan Healthcare Consulting 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 11/20/2024 and assigned
Florida document number L24000490331.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BBSR Healthcare Consulting LLC

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

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
			☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
			☐ Change
_____	_____	_____	☐ Add
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		_____	☐ Remove
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		_____	☐ Change

