

(Requestor's Name)
(Address)
(Address)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ified Copies Certificates of Status
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800435079718

08/21/24--01024--006 **30.00



08/21/21

COVER LETTER

TO:	Registration S Division of Co			
CHD 1127	Nexxspan	Healthcare, LLC		
SUBJEC	.1;	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	turn all correspo	undence concerning this matter	to the following:	
		Scott Stewart		
			Name of Person	
		c/o ASK Research and De	evelopment, Inc.	
			Firm/Company	[*·.]
		4540 South Berkeley Lake	e Road	1 .3 .2*** 1***
	Address			
		Berkely Lake, GA 30071		
			City/State and Zip Code	in i
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	all:	
			at ()	
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed	is a check for the	ne following amount:		
□ \$25.0	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 Cupy (additional copy is enclosed)
	Mailing Addres Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nexxspan Healthcare, 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 lorida document number $\frac{\text{L00000011374}}{\text{L000000011374}}$.	were filed on 09/20/2000	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	sility company here:	
ExxSpan, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
inter new principal offices address, if applicable:	c/o ASK Research and Development, Inc.	
Principal office address MUST BE A STREET ADDRESS)	4540 South Berkeley Lake Road	(*)
,	Berkely Lake, GA 30071	h
nter new mailing address, if annlicable.	c/o ASK Research and Development, Inc.	3 7.1
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	4540 South Berkeley Lake Road 1975	TO : .
Turing unitess bill DE AT OUT OF THE DOTY	Berkely Lake, GA 30071	ं ज
	ाग	<u>က</u> ်
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the <u>new regis</u>
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

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

Title	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□ Add
		(2) Cr (3) Cr (4) Cr (7) Cr (7	Remove C.T. Change
		<u>m</u>	_ <u>∪</u> □Change
			□ A _i dd
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			
			🗀 Remove
			□Change

						
	_					<u> </u>
	<u> </u>					
		·				
						•
		· -				
						
					- 13	
					2.7	
					: :-:	
				cο = .		
				<u> </u>	-5-	<u> </u>
				<u> </u>	 ?:	
				เม่	S	
-			<u> </u>			
		· · · · · · · · · · · · · · · · · · ·	 .			
ective date, if other than the date	of filing:		(0	otional)		
fective date, if other than the date in effective date is listed, the date must be space. If the date inserted in this block d	pecific and cannot be ploes not incertible and	rior to date of filing o	or more than 90 days	after filing.)	Persuar	nt to 605.02
cument's effective date on the Depart	ment of State's reco	rds.	ang requirements.	uns cate	w u i ii o (oc nstea
ecord specifies a delayed effective date is filed.	e, but not an effectiv	e time, at 12:01 a.	m. on the earlier of	:(b) The	: 90th d	ay after tl
	_ ~					
ted14 August 2024	 	;				
	11 1 1 1 1	- 1				
/	True to	Λ				

Filing Fee: \$25.00