From: L07000123580 09/14/2017 15:58 #485 P.001/004

9/14/2017 Division of Corporations

Florida Department of State

Division of Corporations

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CARE MANAGEMENT SERVICE PROFESSIONALS, LLC

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S. WARREN

SEP 15 2017

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Care Management Service Professionals, 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 December 13, 2007 and assigned Florida document number L07000123580.

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)

13014 N. Dale Mabry Hwy.
#354
Tampa, FL 33618

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

13014 N. Dale Mabry Hwy.
#354
Tampa, FL 33618

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: Christopher H. Norman

New Registered Office Address: 315 S. Hyde Park Ave.
Enter Florida street address

Tampa, Florida 33606
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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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
MGR	DeeWynn Wiley	13014 N. Dale Mabry Hwy.	☐ Add
		Box 129	■ Remove
		Tampa, FL 33618	☐ Change
MGR	DeeWynn Cox	13014 N. Dale Mabry Hwy.	■ Add
		#354	☐ Remove
		Tampa, FL 33618	☐ Change
MGR	Keith Cox	13014 N. Dale Mabry Hwy.	■ Add
		#354	☐ Remove
		Tampa, FL 33618	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Article V

The name and address of each manager is:

DeeWynn Cox

13014 N. Dale Mabry Hwy.

#354

Tampa, FL 33618

Keith Cox a/k/a Francis K. Cox

13014 N. Dale Mabry Hwy.

#354

Tampa, FL 33618

Article VII

ThisLimited Liability Company shall be a manager-managed limited liability company.

E. Effective date, if other than the date of filing: None **(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 September 14 2017

DeeWynn Cox

Signature of a member or authorized representative of a member

DeeWynn Cox

Typed or printed name of signee

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