## L09000040801

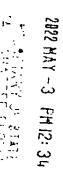
| (Re                                     | questor's Name)   |             |  |  |  |
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| (Ad                                     | dress)            |             |  |  |  |
| (Cit                                    | ty/State/Zip/Phon | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |
| (Bu                                     | siness Entity Na  | me)         |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | Certificate       | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |
|   |                   |             |  |  |  |
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Office Use Only



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JUN 24, 2022 M. GOVOMBN

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  | •   |   |                  |           |
|--|--|---|---|------------------|-----------|
| MDH Coun                               | seling Services, LLC   |   |   |                  |           |
| SUBJECT:                               | Name of Lin  | nited Liability Company   |   |                  |           |
|  | Amendment and fee(s) are sub   | -   |   |                  |           |
| Please return all correspo             | ndence concerning this matter  | to the following:   |   |                  |           |
|  | Marjorie D. Hunt   |   |   |                  |           |
|  |  | Name of Person  |   |                  |           |
|  |  | Firm/Company  |   | 22<br>F          |           |
|  | 10131 Sunset Strip   |   |   | 2022 HAY         | * (       |
|  |  | Address   |   | 3<br>3<br>3<br>3 | ; · · · · |
|  | Sunrise, FL 33322  |   |   |                  |           |
|  | dawn@anewleafsfl.com   | City/State and Zip Code   |   | PH 12: 34        | \         |
|  | <del>-</del>   | to be used for future annual report notifi                          | ication)  |                  |           |
| For further information of Many Name o | oncerning this matter, please of the control of the | at (954) 803 -  | -5 (O /<br>Telephone Number   | -                |           |
| Enclosed is a check for th             | ne following amount:   |   |   |                  |           |
| \$25.00 Filing Fee                     | S30.00 Filing Fee & Certificate of Status  | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fe<br>Certificate of St<br>Certified Copy<br>(additional copy is | tatus &          |           |
| Mailing Addres                         | <u>s:</u>  | Street Address:   |   |                  |           |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compar<br>(A Florida Limited L   | ny as it now appears on our r<br>liability Company) | ecords.)                            |  |
|---|---|-------------------------------------|--|
| The Articles of Organization for this Limited Liability Company Florida document number L09000040801                | were filed on April 25, 200                         | 22 and assigned                     |  |
| This amendment is submitted to amend the following:   |   |                                     |  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:                                  |                                     |  |
| Anew Leaf Health Services, LLC  |   |                                     |  |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation                       | "LLC" or the abbreviation "L.L.C."  |  |
| Enter new principal offices address, if applicable:   | au/A  |                                     |  |
| (Principal office address MUST BE A STREET ADDRESS)   | /   | 2822                                |  |
|   |   | ***                                 |  |
|   |   | 2 4                                 |  |
| Enter new mailing address, if applicable:   | P/A   |                                     |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | 2° 170                              |  |
|   | ,   |                                     |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>e</u>                     | nter the name of the new registered |  |
| Name of New Registered Agent:   | N/A   |                                     |  |
| New Registered Office Address:  | Enter Florida street d                              | uddress                             |  |
|   | . 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** □Add □Remove ☐ Change □Remove .; \_\_ □Remove ົ. ພ □Ch**a**nge  $\square$ Add Remove □Add  $\square$ Remove \_ Change □Add \_\_\_\_\_ □Remove

Typed or printed name of signee