L09000040972

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TALLAHASSE STATE

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Beacon Hea	alth Solutions, LLC		
-	Name of Lim	ited Liability Company	 	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Name of Person		
	<u> </u>	HealthAxis Group, LLC		
		Firm/Company	 	
			2022 SEC TA	
		Address	AUG RET RET	
	5509 W Gray	Street, Suite 200, Tampa, Fl	SECRETARY OF STATE TALL AHASSEE, FL	
	City/State and Zip Code			
		HSLicense@healthaxis.com		
For further information co	E-mail address: (oncerning this matter, please ca	(to be used for future annual report not all:	incation)	
Alicia .	Sands	at (_813)	418- 6249	
Name of	f Person	Area Code Daytin	ne 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)		
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327		The Centre of	Γallahassee	
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Numa of the Limited Linklife, Co.				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Com	npany were filed on	4/24/2009	and assigned	
Florida document numberL0900040972				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company here	:		
The new name must be distinguishable and contain the words "Limited L	nability Company," the desi	gnation "Li.C" or the al	obreviation "L.L.C."	_
Enter new principal offices address, if applicable:			207 SE	
(Principal office address MUST BE A STREET ADDRESS	2		CR ALE	77
			<u> </u>	
				ş-9-1
Enter new mailing address, if applicable:			mes N	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
		-	<u>m</u>	_
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our rec	ords, <u>enter the nan</u>	ne of the new regist	<u>ered</u>
Name of New Registered Agent:				_
New Registered Office Address:				
	Enter Florid	ere: designation "LLC" or the abbreviation "LLC" SECRIFICATION OF THE PROPERTY OF THE PROPER		
		, 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 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	<u>Name</u>	Address	Type of Action
<u> </u>	Michele Mahoney	5509 W Gray Street, Suite 200	□Add
		Tampa, FL 33609	⊠Remove
			Change
<u>coo</u>	Matt Hughes	5509 W Gray Street, Suite 200	⊠Add
		Tampa, FL 33609	□Remove
			SE □ Zange
CEO	Shilen Patel	5509 W Gray Street, Suite 200	SECRETARY
		Tampa, FL 33609	Remove
			—⊞Change □Add
			□Remove
			□Change
			🗀 Remove
		46 4 - 49 - 49	Change
			🗆 Add
			□Remove
			□Change

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					CRE	OCCUPANT.
					AUG 22 RETARY CLIAHASS	
					- SS - F	- Lan
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			PF 2: SEE, F	
					7.7.7. 1.4.7.7.	-
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						-
			7/1/2022			
(If an effective Note: If the	date, if other than the of redate is listed, the date must be date inserted in this blo- is effective date on the De	be specific and cannot be prick- the does not meet the app	rior to date of filing or n	(optic note than 90 days after t ng requirements, this	filing.) Pursuant to 60	5.0207 (3 ted as th
he record sp ord is filed.	ecifies a delayed effective	date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day afte	er the
Dated	July 20	2022	 DSudb			
		Wich	Dudt-			
		ignature of a member or at	thorized representative	e of a member		
		Alici	ia D Sands			
		Typed or no	inted name of signee			