

LO9000040972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

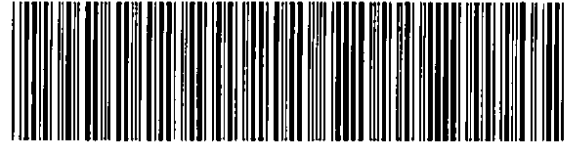
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100418153731

10.10.2019 14:40:00.000

6316 ... 01 ... 0000

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BEACON HEALTH SOLUTIONS, 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 4/24/2009 and assigned Florida document number L09000040972.

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)

400 N ASHLEY DRIVE

SUITE 920

TAMPA, FLORIDA 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 N ASHLEY DRIVE

SUITE 920

TAMPA, FLORIDA 33602

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	MATTHEW W. HUGHES	400 N ASHLEY DRIVE, STE. 920	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	MICHELE MAHONEY	5509 W GRAY STREET, STE. 200	<input type="checkbox"/> Add
		TAMPA, FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	SHILEN PATEL	5509 W GRAY STREET, STE. 200	<input type="checkbox"/> Add
		TAMPA, FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

2023 OCT 18 11:00 AM

E. Effective date, if other than the date of filing: _____ (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 OCTOBER 18 2023

Peggy DellOrfano

Signature of a member or authorized representative of a member

PEGGY DELLORFANO

Typed or printed name of signee