Florida Department of State

Division of Corporations

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Cheyenne Moseley		- 1
		Name of Person	
	Legalzoom.com, Inc.		2021 JAN 15 SECRETATION TALLARD
		Firm/Company	
	101 N Brand Blvd 11th Fl		SSE
		Address	OF STAT
	Glendale, CA 91203		
		City/State and Zip Code	<del></del>
	smith@stantonhealth.com		
	E-mail address: (	to be used for future annual report notification	n)
For further information co	oncerning this matter, please of	nll:	
Cheyenne Moseley		800 773-0888	
Name of	Person		phone Number
Enclosed is a check for th	ne following amount:		
S25.00 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 Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

P.O. Box 6327 Yallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## From: Laura Rodriguez

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STANTON HEALTH, LLC		
(Nume of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records. ability Company)	<u>.</u> )
(11.01.22.2	,,	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L11000091819		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Stanion McMasier, LLC	. <u> </u>	20
The new name must be distinguishable and contain the words "Limited Liabili	ly Company," the designation "LLC"	or the abbreviation B.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		PH 4: 44 OF STATE
		ES F
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street uddress	
	Florida	
<del></del> :	City	orida <u>Zip Code</u>
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an rovided for in Chapter 605. I	d Lam familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

LegalZoom.com, Inc.

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 = M $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
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From: Laura Rodriguez

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