## 01669000611

(Rec	questor's Name)	
(Add	fress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100392583391

2022 ATS 30 - ETT 10: 13

:01 WV 0E 30V 7202

Charles

6508/18/8 J

## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ite: 08/30/202	22
	Acc#I201	60000072
Name:	Health Point Partners, L	LC
Document #:		
Order #:	14515864	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Country of D	estination:
Certification:	Number of C	erts:
Filing: 🗸	Certified:   Plain:   COGS:	
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 55.00	

Thank you!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUC 30 AH 10: 14

HEALTH POINT PARTNERS, 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 Con Florida document number 1.12000092310		on <u>07/17/2012</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability compa	ny here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company,	" the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· <del></del>		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	· · ·		
		<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on	our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Em	er Florida street address	
<u></u>		, Flo	rida Zip Code
	•		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performan ent as provided fo	ce of my duties, and r in Chapter 605, F	d I am familiar with and E.S. Or, if this document is
	If Changing Registe	red 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>	Address	Type of Action
AMBR	Best Value Intermediate II, LLC	3030 N. ROCKY POINT DR.	<u></u> ⊞Add
		SUITE 825	□Remove
		Tampa, F1, 33607	
MGR	Prakash Patel	3030 N. ROCKY POINT DR.	
		SUITE 825	<b>≅n</b>
		Tampa, FL 33607	
MGR	John DiGiovanni	3030 N. ROCKY POINT DR.	
	SUITE 825		
		Tampa, FL 33607	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

"The Limited Liability Comp	any shall be a member-managed limited liability company."
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
<del></del>	
Effective date, if other than the	date of filing: (optional)
If an effective date is listed, the date must Note: If the date inserted in this blo	at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ook does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the De	
e record specifies a delayed effective rd is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ra is mea.	
Dated August 29	2022
17ateu	··
/s/ Thomas Whyta	Signature of a member or authorized representative of a member

Filing Fee: \$25.00