L12000/38790

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COVER LETTER

TO:

Registration Section Division of Corporations

Practical Wisdom, LLC

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:

Kris Pedersen
Name of Person
Firm/Company
4320 Deerwood Lake Parkway, Suite 101, PMB 321
Address
Jacksonville, FL 32216

City/State and Zip Code

krispedersen@littleblackbagmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacv awrence

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Practical Wisdom, LLC			
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on opida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liabi		012 and assigned	
Florida document number <u>L12000138790</u>	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
Meridian Private Health, LLC			
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A			
	رور و المساور	(/2: -	
		MO 1	
Enter new mailing address, if applicable:	the state of the s	TO THE SE	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	2 · ·	
	the state of the s	5.11	
B. If amending the registered agent and/or r registered agent and/or the new registered office		cords, <u>enter the name of the new</u>	
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
<u>Name</u>	Address	Type of Action		
		Add		
		Remove		
		Add		
		Remove		
		Remove		
		Add CD CD COMM		
		Remove Remove		
		Add Add		
		Remove		
		Add		
	***************************************	Remove		

D. If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)
·	
Dated January 28	
Signa	ature of a member or authorized representative of a member
	Typed or frinted name of signee
	Page 3 of 3

Filing Fee: \$25.00

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