112000144758

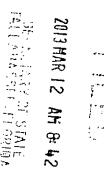
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

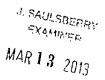
Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

ENVISTA HEALTH, L.L.C.

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:

CHERYL HAMILTON

Name of Person

ENVISTA HEALTH, L.L.C.

Firm/Company

1810 W KENNEDY BLVD

Address

TAMPA, FL 33606

City/State and Zip Code

CHERYL.HAMITLON@ENVISTAHEALTH.COM

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

For further information concerning this matter, please call:

CHERYL HAMILTON

813, 785-9294

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

☐\$30.00 Filing Fee & Certificate of Status

☐\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

U\$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

ENVISTA HEALTH, L.L.C. (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 Cor Florida document number <u>L12000144758</u>	mpany were filed on _	11/15/2012	and a	issigned	i
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company l	<u>here</u> :			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Con	npany," the design	nation "LLC" or th	e abbre	viation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	: <u>(SS)</u>		7.	2013	
				<u></u>	····
				70	
Enter new mailing address, if applicable:			225	12	-
(Mailing address MAY BE A POST OFFICE BOX)	et direction (14 mars) - 140 along me talgang	, <u>, , , , , , , , , , , , , , , , , , </u>]P*	17
			35	ර්ර	
	·	- 1 1 	.5m	₹	
B. If amending the registered agent and/or registered agent and/or the new registered office address agent and/or the new registered office address agent.	red office address o	n our records,	enter the name	of the	<u>e new</u>
New Registered Office Address:					
New Registered Office Address.		Enter Florida st	reet address		
	, Florida				
Vermon to take and all and	City	, riv	Zip Co	ode	
New Registered Agent's Signature, if changing Registered	Agent:		·		
I hereby accept the appointment as registered agent are the provisions of all statutes relative to the proper and 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.	l complete performan ent as provided for in	ce of my duties, Chapter 608, I	, and I am famili F.S. Or, if this do	ar with cumen	and

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

Title	<u>Name</u>	Address	Type of Action
MGRM	AV HEALTHCARE HOLDINGS, INC	2310 FAIRWAY ESTATE COURT	Add
		VALRICO, FL 33596	Remove
MGRM	ENVIRONS HEALTH, INC	2709 W. TRILBY AVE	_ Add
		TAMPA, FL 33611	Remove
MGRM	CHERYL HAMILTON	2709 W. TRILBY AVE	Add
		TAMPA, FL 33611	Remove
			Add Remove
			A Control of the cont
			Add Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
– Dated	
	Signature of member or authorized representative of a member
	CHERYL HAMILTON
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00