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COVER LETTER

TO: Registration S Division of Co		1	
SUBJECT:	EAPERSHIPHE	ALTH LLC	
		ited Liability Company	
The analysis Articles of	Amendment and fee(s) are sub-	mitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael	Dubraff Name of Person	
		Name of Person	
	Leaders	HP RX Firm/Company	
		Firm/Company	
	C 10	<i>c</i> 1	
	115 G. Huro	Address	
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	Pelm Beach	City/State and Zip Code //// Semoi/ Com to be used for future annual report notific	<u>18</u>
		City/State and Zip Code	
	E-mail address:	to be used for future annual report notific	ation)
For further information of	concerning this matter, please ca		
	. 44		
Michael	Dubrott	at (215) 620 ~ Area Code Daytime 1	0651
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

LEADERSHIPHEALTH LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

Florida document number 4 130030 84941. 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." 115 Galfview Court Enter new principal offices address, if applicable: Palm Beach garden, FL (Principal office address MUST BE A STREET ADDRESS). Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name 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 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** Type of Action Title. Address Name 115 Goffview Gunt Madd Nina Dybroff AMBR _ Change _□ Add ☐ Remove ☐ Change □ Add □ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

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Note: I	If the date inserted i	nan the date of fill date must be specific a n this block does no on the Department o	t meet the applica	CHOIC OF THINK OF THE	more canner to contact man	tional) er filing.) Pursuant nis date will not b	to 605.0207 (e listed as tl
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		Signature of	a member or author	ized representative	of a member	· · · · · · · · · · · · · · · · · · ·	_

Page 3 of 3

Filing Fee: \$25.00

Certificate of Status

I certify from the records of this office that LEADERSHIPHEALTH LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on June 12, 2013.

The document number of this company is L13000084941.

I further certify that said company has paid all fees due this office through December 31, 2013, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 130612141456-500248842935#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twelfth day of June, 2013



Ken Detzner Secretary of State