

Jan. 31, 2023 12:03 PM
1/31/23, 12:02 PM

GRAY ROBINSON

Division of Corporations

No. 3407 P. 1

L13000157949
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tucker.thoni@gray-robinson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERICAN HEALTH REFORM SOLUTIONS, LLC.

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN HEALTH REFORM SOLUTIONS, 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:

Tucker Thoni

Name of Person

GrayRobinson PA

Firm/Company

301 E. Pine Street, Suite 1400

Address

Orlando, FL 32801

City/State and Zip Code

tucker.thoni@gray-robinson.com

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

For further information concerning this matter, please call:

Tucker Thoni

407 843-8880
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AMERICAN HEALTH REFORM SOLUTIONS, 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 Company were filed on 11-12-2013 and assigned
Florida document number L13000157949.

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."

Enter new principal offices address, if applicable: _____

(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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Cogency Global Inc.

New Registered Office Address:

115 North Calhoun Street, STE 4

Enter Florida street address

Tallahassee

City

Florida 32301

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 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.

Merritt Walker, Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent

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GRAY ROBINSON

As. 3407 P. 4

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If an existing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Harry B. Lebowitz	3215 NW 10th Terrace, Suite 213	<input type="checkbox"/> Add
		Oakland Park, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Paola Fritz	3215 NW 10th Terrace, Suite 213	<input type="checkbox"/> Add
		Oakland Park, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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☐ Change

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[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Good signed by:
Harry B. Lebowitz

Harry B. Lebowitz

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