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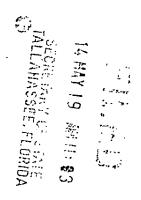
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## **COVER LETTER**

TO: Registration Section Division of Corpor		
SUBJECT:	22 Health Altamonte, LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
	endment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
_	Chris Usina, DC Name of Person	
	Name of Person	
	22 Health Altamonte, LLC	
•	Firm/Company	
-	1052 W SR 436 Suite 1070	
	Address	
	Altamork Springs FL 32714 City/State and Zip Code	<del></del>
	Chris @ my 22 health. Com E-mail address: (to be used for future annual report notifica	
_	E-mail address: (to be used for future annual report notifica	tion)
For further information conce	erning this matter, please call:	
Chris Usin	at ( 407 ) 951 892 rson Area Code Daytime To	1
name of Fer	Area Code Daytime in	elephone Number
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee C	□ \$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

Z2 Health A	Harmonte, LLC	on our records.	<u>,</u>		
( <u>Name of the Limited Liability C</u> (A Florida Lin	nited Liability Company)		,		
The Articles of Organization for this Limited Liability Com	pany were filed on	2/6/14	and	d assig	ned
Florida document number <u>L 140000Z 0702</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Limite			1.0		
Enter new principal offices address, if applicable:	1052 W	r 436 S	i le 1070:		
(Principal office address MUST BE A STREET ADDRES	1052 W s	Springs,	FL 32714	<b>T</b>	
			- <del> </del>		***
				ري. 	I
Enter new mailing address, if applicable:					- 11 - 12 - 1
(Mailing address MAY BE A POST OFFICE BOX)			93	em	- gran and
			Dr. A	ದ	·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records,	enter the na	me of	the new
Name of New Registered Agent:	Chris Usina, D	۷			
New Registered Office Address: 105	2 W SR 436 Sur Enter Flori	k 1070 da street address	, n <u>a</u>		
	monte Springs City	, Flor	rida <u>3271</u> 5	4	
			Zip C	Code	
New Registered Agent's Signature, if changing Registered A	gent:				

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Chris Usina, DC	1052 W SR 436 \$ Suik 1070	🗹 Add
		Altamonte Springs, FL 32714	□ Remove
MGR	Bran Hyser	1052 W SR 456 Suik 1070	□ Add
		Altamonte Springs, FL 32714	Remove
			□ Add
			Remove
			Add Remove
			Rêmove
		FLORIDA DA	
			□ Remove
			□ Add
			□ Remove

change(s) here: (Attach additional sheets, if necessary.)		
6		
date of receipt or filed date and cannot be more than 90 days after rent of State)		
··		
a member or authorized representative of a member	<del></del>	
Typed or printed name of signee	<del></del>	
G As		
Page 3 of 3	YAM	4 %
Filing Fee: \$25.00	19 30	7.7
FLOA		
	a member or authorized representative of a member  Aus Usia  Typed or printed name of signee  Page 3 of 3	a member or authorized representative of a member  Aus Usian  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00