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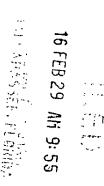
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dynamiks Health Care, 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:
Monica Gordon - Dixon Name of Person
Dynamiks health care Lie. Firm/Company
6638 Central Avenue Address
Saint Peterbug FC. 337077 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thilly Cunnings at (954) 562-6080 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) 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

	rath	Care	LLC			
Name of the Limited I	Liability Con Florida Limit	npany as it now a ed Liability Comp	opears on our records. any)			
The Articles of Organization for this Limited Liabi		any were filed o	n or/11/2014	1	and	assigned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited li	ability compar	<u>ny here</u> :			
The new name must be distinguishable and contain the words	s "Limited Li	ability Company,"	the designation "LLC" o	or the abb	reviation	n"L.L.C."
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	DDRESS	<u> </u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>					
B. If amending the registered agent and/or registered agent and/or the new registered office			s on our records,	enter 1	he nar 6 FEB 29	ne of the new
New Registered Office Address:				<u> </u>	A	- V
new Registered Office Address.		Ente	r Florida street address Flori		9: 55	•
-		City	, 1 1011		Zip Co	ode

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

IGR = Ma			
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Filing Fee: \$25.00