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## **COVER LETTER**

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SUBJE	:C1:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Andrew T. Lavin		
Division of Corporations  MR CLUTCH LLC  SUBJECT:  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Andrew T. Lavin  Name of Person  Lavin Law Group, P.A.  Firm/Company  2670 NE 215th Street  Address  Miami, Florida 33180  City/State and Zip Code  alavin@lavinlawyers.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Scott E. Tuckman  Name of Person  Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{c}  \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)				
		Lavin Law Group, P.A.		
	MR CLUTCH LLC  The seturn all correspondence concerning this matter to the following:  Andrew T. Lavin  Andrew T. Lavin  Name of Person  Lavin Law Group, P.A.  Firm/Company  2670 NE 215th Street  Address  Mianti, Florida 33180  City/State and Zip Code alavin@lavinlawyers.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Tuckman  1954  967-2788  at (			
		2670 NE 215th Street		
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		alavin@lavinlawyers.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report not	fication)
For fur	ther information c	oncerning this matter, please co	all:	
Scott F	E. Tuckman			
	Name o	f Person	Area Code Daytin	e Telephone Number
Enclos	ed is a check for the	ne following amount:		
<b>■</b> \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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



2019 JAN 22 🏳 🗄 57

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number L14000026939		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
BA HEALTH HOLDINGS, LLC		
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MR CLUTCH LLC

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** Address Name Title \_D Add \_\_\_\_\_ Remove \_\_\_\_ Remove \_\_\_\_\_ Change \_\_\_\_\_ Remove \_\_\_ Change □ Add \_\_\_\_\_ Remove \_\_\_\_\_ Add \_□ Remove

\_\_\_\_\_ □ Change

\_\_\_\_ □ Change

□ Add

□ Remove

Note:	e date, if other than the date of filing:	.0207 (3)( ed as the
f the re b) The	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	er of:
Dates	nuary 11, 2019	
17014	1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00