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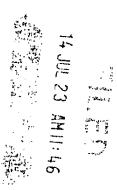
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COVER LETTER

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Registration Section

Division of Co	rporations	, t	•
SHYTLE SUBJECT:	EAND SHYTLE, HEALTH (
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
•	Legalzoom.com, Inc.		
		Firm/Company	
	100 W. Broadway Suite	100	
		Address	
	Glendale, CA 91210		
	shytlerj@gmail.com	City/State and Zip Code	
		o be used for future annual report notific	cation)
For further information (concerning this matter, please ca	dl:	
Imelda Vasquez		323 962-8600 ex	t 7950
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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)
Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle

TO ARTICLES OF ORGANIZATION OF

SHYTLE AND SHYTLE, HEALTH CARE SOLUTIONS, LLC

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

(A Florida Limited Liability Company)

(A Flo	rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L14000081356	y Company were filed on 05/20/2014	and ass	signed •
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:		,
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		er the name	of the new
Name of New Registered Agent:			
New Period of Control			
New Registered Office Address:	Enter Florida street address	(L) (L)	E TO TO TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE
	Til		A A A A A A A A A A A A A A A A A A A
· —	, Florida _ City	Zip Code	<u></u>
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete performance of my duties, and I an I agent as provided for in Chapter 605, F.S. O ered office address, I hereby confirm that the	n familiar wit r, if this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	R. DOUGLAS SHYTLE	10510 VONN RD.	Add
		LARGO, FL 33774	☑ Remove
			☐ Remove
	•		
	·		☐ Remove
	·		Add
			Rêmove
			JUL 23
			□FAdd
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			□ Remove
			

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