

L14000 104603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

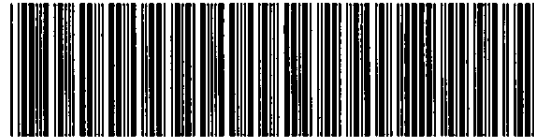
(Business Entity Name)

(Document Number)

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16 JUN 10 AM 9:15  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 25, 2016

CHRIS BATTEL  
316 S BAYLEN ST STE 590  
PENSACOLA, FL 32502

SUBJECT: CSI HEALTH, LLC  
Ref. Number: L14000104603

We have received your document for CSI HEALTH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 716A00011094

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CSI Health LLC  
Name of Corporation

**DOCUMENT NUMBER:** L14000104603

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Battel  
Name of Contact Person

CSI Health LLC  
Firm/Company

316 South Baylen St, Ste 590  
Address

Pensacola, FL 32502  
City/State and Zip Code

chrisb@ohfla.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

rick griffiths at ( 404 ) 4323547  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CSI Health, 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 6/30/2014 and assigned  
Florida document number L14000104603.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Healthy Florida LLC

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:**

316 S. Baylen Street, Suite 590

**(Principal office address MUST BE A STREET ADDRESS)**

Pensacola, FL 32502

**Enter new mailing address, if applicable:**

316 S. Baylen Street, Suite 590

**(Mailing address MAY BE A POST OFFICE BOX)**

Pensacola, FL 32502

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

RECEIVED  
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OFFICE OF  
SECRETARY OF  
STATE

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.*

\_\_\_\_\_  
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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
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|              |             | _____          | <input type="checkbox"/> Change |
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| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

**D. If amending any other information, enter change(s) here:** (Attach additional sheets, if necessary.)

No other changes have been made

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15 JUN 10 AM 9:15  
MAIL ROOM  
STATE OF NEW YORK

**E. Effective date, if other than the date of filing:** June 8, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated June 8, 2016

Christopher F. Battel 6/8/2006  
Signature of a member or authorized representative of a member

Christopher F. Battel Manager and Registered Agent  
Typed or printed name of signee