

L14000 104603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

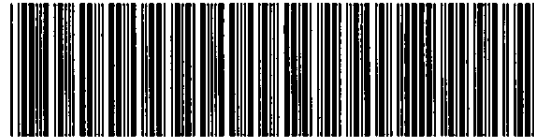
(Business Entity Name)

(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

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STATE
TALLAHASSEE, FL
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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
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