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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Gertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE FLORIO

T. Surch DEC 2 2014

COVER LETTER

	istration Section of Corp			
SUBJECT:	D2 Healtl	n Management LLC		
		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
			Name of Person	
		D2 Health Managem	nent LLC	
			Firm/Company	
		2005 PanAm Circle	Drive	
			Address	
		Tampa, FI 33606		
		dmoses@d2laborato	City/State and Zip Code	
		•	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
DeAnna !	Moses		813 452-6441 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.00 F	Filing Fee	□ \$30.00 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)

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

any as it now appears on our records.) Liability Company)	······
were filed on 9/3/14	and assigned
oility company here:	
bility Company," the designation "LLC" or the a	bbreviation "L.L.C."
2005 Pan Am Circle Suite 100	
Tampa, Fl. 33607	7
2005 Pan Am Circle Suite 100	FCRETARY LLAHASSI
Tampa, FL 33607	mo z m
ffice address on our records, <u>enter</u>	the name of the ne
Enter Florida street address	
, Florida City	Zip Code
, E	pility company here: polity Company," the designation "LLC" or the a 2005 Pan Am Circle Suite 100 Tampa, Fl. 33607 2005 Pan Am Circle Suite 100 Tampa, FL 33607 ffice address on our records, enteres: Enter Florida street address , Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Name Address **Type of Action** □ Add ____ Remove _D Add □ Remove AHASSE ARMOVE 2 f. □ Add ☐ Remove ☐ Remove □ Add ☐ Remove

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filing: to date of receipt or filed date and cannot be mountment of State)	(optional) ore than 90 days after
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to date of receipt or filed date and cannot be mourtment of State)	ore than 90 days after

Page 3 of 3

Filing Fee: \$25.00

14 DEC 16 PM 4: 40
SEURETARY OF STATE
TALL AHASSEE, FLORIDA