L14000181847

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DERAPTMENT OF C.A.

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COVER LETTER

Division of Corpo				
EW ALF, LL SUBJECT:	С			
Sobolici.	Name of Lim	ited Liability Company		
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
		Name of Person		
	Incorporating Services, Ltd	d.		
		Firm/Company		
			70.2	
		Address	70 J	
	Tallahassee, FL 32301	City/State and Zip Code	ARAS JUN -	1
		City/State and Zip Code	SEC. A	
		to be used for future annual report notific	cation) E. F. ORIU	; <u> </u>
For further information con-	cerning this matter, please ca	all:	Par a	<u>-</u>
Melissa		656-7956 at ()		
Name of Po	erson	Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 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

	LF, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	11/24/2014		and ass	igned
Florida document number L14000181847					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company h	<u>ere</u> :			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC"	or the abbrevi	stion "L.	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
		<u></u>	700	2	
				_	77
Enter new mailing address, if applicable:			<u> </u>		C-41222
(Mailing address MAY BE A POST OFFICE BOX)			S. 150	<u>u</u>	4-7-9
			<u>ज</u> िल्ल	>_	parenty.
			<u> </u>		
B. If amending the registered agent and/or registered office address he registered agent and/or the new registered office address he	office address o <u>re</u> :	n our records,	enter-the	name O	of the new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Fl	orida street address			
		, Flo	rida	r- C- i	
New Designation of Assessment & Company of State of the S	City		4	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>	Address	Type of Action
MGR	PWW Healthcare LLC	PO Box 46175	□ Add
		Tampa, FL 33646	Remove
			Change
MGR	Beacon Health Management, LLC	4911 Londonderry Drive	Add
		Tampa, FL 33647	Remove
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an effecti ote: If i ocument	date, if other than the date of filing: (optional) ive 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 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lit's effective date on the Department of State's records. In specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	isted as the
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an effecti lote: If locument	Signature of a member or authorized representative of a member Bruce E. Wertheim Typed or printed name of signee Typed or printed name of signee This date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be live effective date on the Department of State's records. The day after the Polyment of State's records. Signature of a member or authorized representative of a member Typed or printed name of signee	riler of:

Filing Fee: \$25.00