L15000017685

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MAY 23 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Providers Health Alliance, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Brown
Name of Person

Helix Healthcare Partners, LLC
Firm/Company

8140 Okeechobee Blvd., Suite A&B
Address

West Palm Beach, FL 33411
City/State and Zip Code

nancy.brown@thinkbighes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Brown at (561) 293-4307
Name of Person — 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

Providers Health Alliance, 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 1/22/15 and assigned Florida document number L15000013085.

This amendment is submitted to amend the following:

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

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:
(Principal office address MUST BE A STREET ADDRESS)

c/o Revamped Associates, LLC
6056 Boynton Beach Blvd #115
Boynton Beach, FL 33437

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

c/o Helix Healthcare Partners, LLC
8140 Okeechobee Blvd., Suite A&B
West Palm Beach, FL 33411

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: 8140 Okeechobee Blvd., Suite A&B
Enter Florida street address

West Palm Beach, **Florida** 33411
City *Zip Code*

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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

Title	Name	Address	Type of Action
AMBR	Tina Maria Dochniak, DNP, ARNP	8140 Okeechobee Blvd. Ste A&B	☐ Add
		West Palm Beach, FL 33411	☐ Remove
			■ Change
AMBR	Stephanie Marcille Wise, ARNP	8140 Okeechobee Blvd. Ste A&B	☐ Add
		West Palm Beach, FL 33411	☐ Remove
			■ Change
MGR	Nancy Louise Brown	8140 Okeechobee Blvd. Ste A&B	☐ Add
		West Palm Beach, FL 33411	☐ Remove
			■ Change
MGR	Cheryl Mendelsohn Anders	8140 Okeechobee Blvd. Ste A&B	☐ Add
		West Palm Beach, FL 33411	☐ Remove
			■ Change
MGR	Tammy Lynette Sabatini	8140 Okeechobee Blvd. Ste A&B	☐ Add
		West Palm Beach, FL 33411	☐ Remove
			■ Change
	~~Tammy Lynette Sabatini~~		☐ Add
			☐ Remove
			☐ Change

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

Title	Name	Address	Type of Action
AMBR	Monica Deshaun Roundtree Cleckley, ARNP	8140 Okeechobee Blvd. Ste A&B West Palm Beach, FL 33411	☐ Add ☐ Remove ■ Change
AMBR	John Alvin Gozar, MD	8140 Okeechobee Blvd. Ste A&B West Palm Beach, FL 33411	☐ Add ☐ Remove ■ Change
AMBR	Brittney Maureen Whelihan Irwin, ARNP	8140 Okeechobee Blvd. Ste A&B West Palm Beach, FL 33411	☐ Add ☐ Remove ■ Change
AMBR	Donna Kay Benya, PA-C	8140 Okeechobee Blvd. Ste A&B West Palm Beach, FL 33411	☐ Add ☐ Remove ■ Change
AMBR	Nathalie Bastien-Montpeirous, MD	8140 Okeechobee Blvd. Ste A&B West Palm Beach, FL 33411	☐ Add ☐ Remove ☐ Change
	~~Nathalie Bastien-Montpeirous, MD~~		☐ Add ☐ Remove ☐ Change

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

Title	Name	Address	Type of Action
AMBR	Melissa Mora Rosa, DO	8140 Okeechobee Blvd. Ste A&B	☐ Add
		West Palm Beach, FL 33411	☐ Remove
			☐ Change
AMBR	Carmen Maria Marrero, DO	8140 Okeechobee Blvd. Ste A&B	☐ Add
		West Palm Beach, FL 33411	☐ Remove
			☐ Change
AMBR	Tina Marie Mabe, ARNP	8140 Okeechobee Blvd. Ste A&B	☐ Add
		West Palm Beach, FL 33411	☐ Remove
			☐ Change
AMBR	Joy Lee Mowett-Fuller, ARNP	8140 Okeechobee Blvd. Ste A&B	☐ Add
		West Palm Beach, FL 33411	☐ Remove
			☐ Change
AMBR	Lois Cassle, ARNP	8140 Okeechobee Blvd. Ste A&B	☐ Add
		West Palm Beach, FL 33411	☐ Remove
			☐ Change
	~~Lois Cassle, ARNP~~		☐ Add
			☐ Remove
			☐ Change

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

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E. Effective date, if other than the date of filing: _____ (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 May 10, 2018.

Signature of a member or authorized representative of a member

Nancy Louise Brown

Typed or printed name of signee

Filing Fee: $25.00