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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	08/30/2022	7.11
		Acc#I20160000072	wil DW
Name:	Best Value	Healthcare, L.L.C.	
Document #:			
Order #:	14515864		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
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Thank you!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG 30 AUG 9: 56

BEST VALUE HEALTHCARE, L.L.C.

(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 $\frac{06/16/2015}{1}$ ____ and assigned Florida document number 1.15000104715 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 Pagistared Agent Signature of New Registered Agent

__. Florida _

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>	Name	<u>Address</u>	Type of Action
AMBR	Best Value Intermediate II, LLC	3030 N. ROCKY POINT DR.	■Add
		SUITE 825	
		Tampa, F1. 33607	□Change
CEO	Michael Bernstein	3030 N. ROCKY POINT DR.	□Add
		SUITE 825	=Remove
		Tampa, FI. 33607	
CEO	Prakash Patel	3030 N. ROCKY POINT DR.	
		SUITE 825	□Remove
		Tampa, FL 33607	□Change
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove

□Change

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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day Lis filed.	after th
ated August 29 2022	
Activity of the second of the	

Filing Fee: \$25.00