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T. MATTHEWS MAR - 2 2022

COVER LETTER

TO: Registration Sc Division of Cor		,	
SUBJECI:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Lackey		
		Name of Person	
	Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing, correspondence concerning this matter to the following: Michael Lackey Name of Person Brookhaver: Medical, LLC Firm/Company 413 Linkside Lane Address Miramar Beach, FL 32550 City/State and Zip Code jarrod@jarrodl.com E-mail address: to be used for future annual report notification) remation concerning this matter, please call: Name of Person Takes for the following amount: ag Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) g Address: Street Address: Street Address:		
		Firm/Company	
	413 Linkside Lane		
		Address	
	Miramar Beach, FL 32550		
		City/State and Zip Code	
For further information of			iication)
Michael Lackey			
Name o	יו ויירינין וי	Aura Code Davim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee		Centified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	[allahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

		22 ft.3 22 PM (2: 03
Brookhaven Medical, LLC		
(Name of the Lin	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
he Articles of Organization for this Limited	Liability Company were filed on $\frac{8/1}{2}$	19/2015 and assigned
lorida document number [.15000141860	,	
his amendment is submitted to amend the fo	llowing:	
a. If amending name, enter the new name	of the limited Bakilla	
mand the second	от тре пишен павшту сотралу ве	re:
he new name must be distinguishable and contain the	words "Limited Liability Company " the d	erignation "I I C" anthouth with the transfer
		congulation LLC or the appreviation "L.L.C."
nter new principal offices address, if appl		
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
	-	
. If amending the registered agent and/or	registered office address on our re	ecords enter the name of the new regist
gent and/or the new registered office addr	ess here:	teor as, enter the name of the new registr
•	-	•
Name of New Registered Agent:	Bluepoint Financial, LLC	
New Registered Office Address:	151 Regions Way Ste 3D	
	Enter Flori	ida street address
	Destin	, Florida ³²⁵⁴¹
	City	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 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	Address	Type of Action
AMBR	Barrie M Lackey	413 Linkside Lane	□Add
		Miramar Beach, FL 32550	⊟Remove
			□Change
		• •	□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
<u></u>			□Add
		memory of agreements	□Remove
			□Change
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ffective	date, if other	than the date	e of filing	;:	-	_		(optional)	
an effecti lote: If t	ve date is listed, if the date inserted	ie date must be s l in this block c	pecific and loes not m	cannot be pricet the app	rior to date o dicable stat	f filing or mor utory filing	e than 90 day requiremen	/s after filin ts. this dat	g.) Pursuant to e will not be	605.0207 (listed as t
ocument	's effective date	on the Depart	ment of St	late's recor	ds.	, ,		,		
record s; I is filed.	pecifies a delaye	d effective date	e, but not	an effectiv	e time, at 1	2:01 a.m. or	the earlier	of: (b) 1	he 90th day	after the
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Filing Fee: \$25.00