## 115000195882

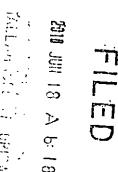
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO:	Registration So Division of Cor			
citoi	Epic Health	ı, LLC		
SUBJ	JECT:	Name of Lim	ited Liability Company	
The e	nclosed Anicles of	Amendment and fee(s) are sub	mitted for filing.	₩. Pag.
Please	e return all correspo	indence concerning this matter	to the following:	
		Jose Barboza		
		Epic Health LLC	Name of Person	. Þ
			Firm/Company	
		1111 Brickell Ave, Suite 1	550	-
			Address	
		Miami, FL 33131		
		jbarboza@carie.com	City/State and Zip Code	
For fu	irther information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notification)	
Jose l	Barboza		954 632-5841	
	Name o	f Person	Area Code Daytime Teleph	one Number
Enclo	sed is a check for th	ne following amount:		
<b>≘</b> \$2	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)
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURIER AD Registration Section Division of Corporations Clifton Building	DRESS:

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Epic Health, LLC				
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000195882</u>	were filed on		_ and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Carie Health, LLC		.,.		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	.LC" or the abbrev	via <b>யீர்</b> "L.L	.C."
Enter new principal offices address, if applicable:	1111 Brickell Ave	<u> </u>	差	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Suite 1550	<u> </u>	<del></del>	1
Enter new mailing address, if applicable:	Miami, FL 33131	•		m
	1111 Brickell Ave		λ b: I	O
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1550	J <del>-</del>	ထ	
	Miami, FL 33131			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:			name o	f the ne
	Cuy	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	- <u>-</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as j	ree to act in this capacity. I performance of my duties,	and I am fam	iliar with	and

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	Name	Address		Type of Action
				🗆 Add
				□ Remove
				Change
				🗆 Add
				Remove
				Change
			<u>.</u>	Add
				C Remove
			6 1 7 7 2-	1 1
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Effective date, if other than the date of filing:	(or	otional)	
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of  Note: If the date inserted in this block does not meet the applicable state	filing or more than 90 days at	ter filing.) Pursi his date will n	ant to 605,020
document's effective date on the Department of State's records.	atory ming requirements.	ins date with th	or be fisied u.
he record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	fective time, at 12:01	l a.m. on th	ne earlier o
Dated June 12 2018			
Dated			
The Miles			
	resentative of a member		

Page 3 of 3

Filing Fee: \$25.00