## 116000020750

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## **COVER LETTER**

TO:		on Section f Corporations	
SHP	Heal	ncare Risk Management Group LLC	
SUD,	JEC1	Name of Limited Liability Company	
The e	enclosed Artic	es of Amendment and fee(s) are submitted for filing.	
Pleas	e return all co	respondence concerning this matter to the following:	
		Andrew Gindea	
		Name of Person	
		The Presser Law Firm, P.A.	
		Firm/Company	
		6199 N. Federal Highway	
		Address	
		Boca Raton, FL 33487	
		City/State and Zip Code AE@AssetProtectionAttorneys.com	
		E-mail address: (to be used for future annual report notification)	
For f	urther inform	tion concerning this matter, please call:	
And	rew Gindea	561 953-1050 at ()	
		lame of Person Area Code Daytime Telephone Number	
Encle	osed is a chec	for the following amount:	
<b>=</b> \$	\$25.00 Filing	Cee U \$30.00 Filing Fee & U \$55.00 Filing Fee & U \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	itus &

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

Healthcare Risk Management Group 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 February 2, 2016 and assigned Florida document number L16000020750

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:

В.	If amending the registered agent and/or registered office address on our records,	enter-the	name	of~the	new
<u>regi</u>	stered agent and/or the new registered office address here:		යා	••,	

Name of New Registered Agent:	<del></del>
New Registered Office Address:	
	Enter Florida street address
	. Florida

City

## New Registered Agent's Signature, if changing Registered Agent:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Neuman, Elan	4800 Linton Blvd, Suite F107A	
		Delray Beach, FL 33445	■ Remove
			Change
MBR	Neuman, David	4800 Linton Blvd, Suite F107A	□ Add
		Delray Beach, FL 33445	<b>■</b> Remove
			Change
MGR	Neuman, Elan	4800 Linton Blvd, Suite F107A	<b>■</b> Add
		Delray Beach, FL 33445	□ Remove
			Change
MGR	Neuman, David	4800 Linton Blvd, Suite F107A	Add ⇔
		Delray Beach, FL 33445	☐ Remove
			G. □ Change
			□∰dd
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			Change
	<del> </del>		Add
			Remove
			□ Change

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than a Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, a		16 OC -6 PH I	
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	90 days after filing.) Pu		
The 90th day after the record is filed.	at 12:01 a.m. on	the earl	lier (
Dated <u>9/26/</u> , <u>20/6</u> .			
Signature of a member or authorized representative of a mem	mber		
Elan Neuman			

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Filing Fee: \$25.00