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COVER LETTER

TO:	Registration Solution of Col					
SUBJE		Health, LLC				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lin	nited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	etum all correspo	ondence concerning this matter	to the following:			
		Christine Menedis				
			Name of Person			
		Shepherd Health, LLC				
		Firm/Company				
		6538 Collins Ave. #313				
		Address				
Miami Beach, FL 33141						
		City/State and Zip Code				
		- 				
			to be used for future annual report no	Milication)		
For furth	er information c	oncerning this matter, please c	all:			
Christine Menedis		305 775.9103 at ()				
	Name o	f Person	Area Code Dayti	ime Telephone Number		
Enclosed	l is a check for th	ne following amount:				
□ \$25.0	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)		
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shepherd Health, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Compare Florida document number L16000069861	ny were filed on April 8, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Shepherd Atma, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		19 19
(Principal office address MUST BE A STREET ADDRESS)		April 8, 2016 and assigned where: the designation "LLC" or the abbreviation "LLC."
		2
Enter new mailing address, if applicable:		-1. -1 1
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
	AY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		
	, Flow	
New Registered Agent's Signature, if changing Registered Agen	t:	·
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	— gree to act in this capacity. I furt te performance of my duties, and s provided for in Chapter 605, I	d I am familiar with and S.S. Or, if this document is
	anging 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			∩ Add
			☐ Remove
			Change
		<u> </u>	TACH SEP
			Remove Remove
			☐ Remove
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fective date, if other than the date of filing:		(optional)	
n effective date is listed, the date must be specific and cannot be prior to dete: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time	e, at 12:01 a.m.	on the e	earlier c
September 16 • 2019				

Page 3 of 3

Filing Fee: \$25.00