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· COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Harlin Center for Life style Modicine Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephen Harlin, MD Name of Person
The Harlin Center for Precision Medicine, LLC
8470 Enterprise Circle, Suite 307
Lakewood Ranch, 7L 34202 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steiphen Harlin at (941) 807-5422 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of

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

The Harlin Co	2) + C/ for the state of the st	V Li-le Style IV as it now appears on our re isbility Company)	<u>Medicine</u> ,	LLC
The Articles of Organization for this Limited Liz Florida document number	ability Company			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company bere:		
The Harlin Center for The new name must be distinguishable and contain the wo			ine, LLC "LLC" or the abbreviation "!	L.L.C."
Enter new principal offices address, if applica				
(Principal office address MUST BE A STREE	T ADDRESS)	no change	•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <u>OX)</u>	8470 Enter Suite 307 Lukewood	prise Circle Ranch, 7L.	34202
B. If amending the registered agent and/or registered agent and/or the new registered of	fice address here			
Name of New Registered Agent:	no ch	ange		
New Registered Office Address:	8470	En Her Prise Enter Florida street a	Circle, Sui	te 307
	Lakewo	ang e Enter Prise Enter Florida street a Od Kanch City	, Florida 3420 Zip Code	> 2
New Registered Agent's Signature, if changing R	egistered Agent;			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	er and complete p stered agent as p registered office o	performance of my dutie rovided for in Chapter 6	s, and I am familiar wi 105, F.S. Or, if this doc	ith and cument is
	If Chan	ging Registered Agent, Signat	ture of New Roelstered Age	my T1
	Page 1	of 3	TES TO	D

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 Title Name Address **Type of Action** Magner, Maureen 7139 Boca Grove Place, Hugait 203 MGRM Lakewood Ranh, 7L Remove ☐ Change MGRM Harlin, Stephen 7139 Boca Grove Place Dunit 203 Lake wood Ranch, 7L DRemove 34202 LD Change FROM Harlin, Stephen 8470 Enterprise Circle DAdd Suite 307 DREMOVE TO NEW Lee Kewood Ranch, 7L ochange 342002 □ Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change □ Add l 03

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Overall objectives!
1) Change name of business
2) remove Maureen Magner from
- Anthorized Person(s) list J
Anthorized Person(s) List 3) Change address from 1139 Brea Gove Place 5
Unit 203
Lake Wood Ranch, 7L 34202
to:
8470 Enterprise Circle
Lake wood Rangh, 7L 34202
E. Effective date, if other than the date of filing: \(0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated May 17, 2016, Signature of a member or aluthorized representative of a member
Slephen Harlin
Page 3 of 3
Filing Fee: \$25.00