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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Se Division of Cor			
cupir.		TORY HOLDINGS USA, LLC		
SUBJE	CI: _ <u></u> _	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		ED ESTRIPLET, JR.		
			Name of Person	
		ALLIANCE HEALTH 36	0. LLC.	
		8362 PINES BLVD SUIT	E 501	
			Address	
		PEMBROKE PINES, FL.	33024	
			City/State and Zip Code	
		ED@ALLIANCEHEALTI		
		E-mail address: (to be used for future annual report notif	ication)
For furtl	ner information c	oncerning this matter, please c	all:	
ED EST	FRIPLET, JR.		866 634-9966 at ()	al report notification) 534-9966 Daytime Telephone Number e & □ \$60.00 Filing Fee. Certificate of Status &
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	he following amount:		
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

1

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LABORATORY HOLDINGS USA, LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.16000094036	were filed on 05/12/2016	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ALLIANCE HEALTH 360, LLC.		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	8362 PINES BLVD SUITE 501	
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33024	
		
Enter new mailing address, if applicable:	8362 PINES BLVD SUITE 501	
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES, FL 33024	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	2019 JAN - 2 SECRETARI TALLAHASS
New Registered Agent's Signature, if changing Registered Agent:	Florida	PH 4: 22

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

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>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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ffective date, if other than the data effective date is listed, the date must be steel. If the date inserted in this block occument's effective date on the Department.	se specific and k does not n	cannot be price	cable statutory	or more than 90 filing requirer	(optional) days after filing nents, this date	g.) Pursuant to	605 62 07
e record specifies a delayed The 90th day after the recor			ot an effecti	ve time, at	12:01 a.m.	on the ea	rlier of
		2018					
rated 27 DECEMBER							
Dated 27 DECEMBER	41/	1		•			

Page 3 of 3

Filing Fee: \$25.00