## 1/6000/05558

(Requ	uestor's Name)	
(Addr	ress)	
(Addr	ress)	
(City/:	State/Zip/Phone #)	
PICK-UP	WAIT MAIL	-
(Busi	ness Entity Name)	
(Docu	ument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Fi	ling Officer:	

Office Use Only



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JHOARRIS

## COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CUBICZE	Transparen	Health Marketplace, LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	f Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Samuel A. Houghton			
			Name of Person		
		HoughtonPA			
			Firm/Company		
		625 E. Lime Street, Suite 1			
		Address			
		Lakeland, Florida 33813			
			City/State and Zip Code		
		shoughton@houghtonpa.com	m to be used for future annual r	named and Continual	
For further in	nformation c	oncerning this matter, please ca		epon nonneanon)	
Samuel A. I	loughton		863 899	-2671	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &	
	Registr	ING ADDRESS: ation Section on of Corporations	* Registrati	COURIER ADDRESS: on Section of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Transparent Health Marketplace, L			
(Name of the Lim	ted Liability Company (A Florida Limited Liab	as it now appears on our record bility Company)	<u>ds.</u> )
ne Articles of Organization for this Limited I	iability Company we	ere filed on June 2, 2016	and assigned
orida document number L16000105558	·		
is amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liabilit	y company here:	
ne new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		<del></del>
	_		<u> </u>
			<u> </u>
nter new mailing address, if applicable:			1
Aailing address MAY BE A POST OFFICE	· P()V)	<del></del>	• • • • • • • • • • • • • • • • • • • •
Hanting dauress MAT BE A FOST OFFICE	<u> </u>		5.00 5.00
	-		<del></del>
TO I'm at a control of the control o			. us
. If amending the registered agent and egistered agent and/or the new registered of		se address on our record	is, enter the name of the
gistered agent array of the new registered to	The water on here		
Name of New Registered Agent:	Kathy Sergi		
New Registered Office Address:	5147 S Lakeland I	Drive, Suite 3	
THE TERMINA OTHER PROBLEMS		Enter Florida street addre	SS
	Lakeland	. <b>F</b>	lorida <u>33813</u>
		City	Zip Code

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

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.

f 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kathy Sergi	5147 S Lakeland Drive	
		Suite 3 Lakeland, FL 33813	□ Remove
			□ Change
MGR	Cliff Carroll	5147 S Lakeland Drive	<b>⊒</b> Add
		Suite 3 Lakeland, FL 33813	□ Remove
			☐ Change
AMBR	Charles Middleton	294 Cordova Road	
		West Palm Beach, FL 33401	<b>_</b> ■ Remove
		<del></del>	Change
AMBR	Joe Correia	310 Cordova Road	
		West Palm Beach, FL 33401	■ Remove
			☐ Change
			<u>□</u> 7Add
			Remove
			Change
			☐ Remove
			☐ Change

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ective date, if other than the	date of filing:	(opti	onal)
132 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t be specific and cannot be prior to dat ock does not meet the applicable s	e of filing or more than 90 days after statutory filing requirements, thi	r filing.) Pursuant to 605. s date will not be liste
effective date is listed, the date mus te: If the date inserted in this blo	epartment of State's records.		
effective date is listed, the date muster: If the date inserted in this bloument's effective date on the De			
te: If the date inserted in this blo			
e: If the date inserted in this blo ument's effective date on the Do record specifies a delayed	l effective date, but not an	effective time, at 12:01	a.m. on the earlie
e: If the date inserted in this blo ument's effective date on the Do record specifies a delayed		effective time, at 12:01	a.m. on the earlie
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Page 3 of 3

Filing Fee: \$25.00