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S. YOUNG

TALLANASSEE, FLORIDA

COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	TENX HEALTHCARE LLC. 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:	
	KORY LASZEWSKI Name of Person	
	TENX HOLDINGS, LLC.	. 털ળ
	5400 SOUTH UNIVERSITY DR. # 416	16 AB -8
	DAVIE FLORIDA 33328 City/State and Zip Code	PM 12: 40
	E-mail address: (to be used for future annual report notification)	Winds Winds
For further in	formation concerning this matter, please call:	
Koi	Name of Person at (954) 612-5649 Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
\$25,00 F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	e of Status &

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**

· • · ·	ALTHCARE, LLC.
	ty Company as it now appears on our records. i Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 727206 and assigned
Florida document number <u>L16 000140 853</u>	• •
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new years and he lies with the little of the state of	ited Liability Company," the designation "LLC" or the abbreviation "B.L.C."
The new name must be distinguishable and contain the words. Elm	inted Liability Company, the designation LLC or the appreviation LLC
Enter new principal offices address, if applicable:	5 5 5 7
(Principal office address MUST BE A STREET ADDI	vess) by which
	7
Enter new mailing address, if applicable:	五 是所
(Mailing address MAY BE A POST OFFICE BOX)	
	tered office address on our records, enter the name of the new
registered agent and/or the new registered office add	ress nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	d 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.

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 = ' Ma AMBR = Au	nager thorized Membe	er		
<u>Title</u>	<u>Name</u>	4	Address	Type of Action
AMBR	LELAND	PILLSBURY, LLC.	5400 South UNIVERSITY DR	<u>.</u> □ Add
		-	DAVIE , FL 33328	Remove
		-		Change
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ffective date,	if other than the date is listed, the date must be sp	of filing: _	not be prior to	late of filing or mor	(option of days after	onal)	020
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Page 3 of 3

Filing Fee: \$25.00