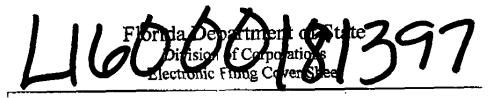
Division of Corporations

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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:		ealthcare, LLC		
SUBJECTS		Name of Lin	nited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	omitted for filing.	·
Please return	ali correspo	adence concerning this matter	to the following:	
		Radha Bachman, Esq.		
			Name of Person	
		Cariton Fields		
			Firm/Company	
		4221 W. Boy Scout Blvd.	Ste. 1000	
			Address	
		Tampa, FL 33607		
			City/State and Zip Code	
		Vincent Hayes <vincent@s< td=""><td>_</td><td> </td></vincent@s<>	_	
For further is	nformation e	e-mail address: (pneserning this matter, please o	to be used for future annual report no all:	(11/C3((16)17)
Radha Back	man		813 229-4382	
	Name of	FPerson	Area Code Dayti	ne Telaphone Number
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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT OT **ARTICLES OF ORGANIZATION** OF

SOLAR HEALIBUARE, LLC			
(Some of the Limited Liability C. (A Florida Lur	ompany as it now appears of used Liability Company)	or areards.)	
The Articles of Organization for this Limited Liability Corag Florida document number L16000181397	pany were filed on 9-28-	2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, cater the new name of the limited	liability company here	:	
SOLAR DR, LLC	· 		
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gamtion "LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		,
		•	8
Eater new mailing address, if applicable:	<u> </u>	 -	
(Malling address MAX RE A POST OFFICE BOX)			
	<u>-</u>		
B. If smending the registered agent and/or registered registered agent and/or the new registered office address		sir records, <u>cuter i</u>	the name of the new
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Florida	street address	
		Florida	
-	Clty		Zip Code
New Registered Agont's Signature, If changing Registered Ag	<u>lent:</u>		

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.

of Changing Rightered Apaul, Shrinture of New Revisioned Asset

If smending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Mar AMBR = Aut	inger jorized Member		
Title	Name	Address	Type of Action
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ffective date, if other than t	he date of filing:	(0	optional)
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