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COVER LETTER

10:	Division of Corporations	
<i>(</i> -1173.11	1.7.7°C	NBA HEALTHCARE GROUP LLC
SUBJI	ECT: ,	Name of Limited Limbility Company
The en	relosed Articles of Amendment ar	nd feets) are submitted for filing.
Please	return all correspondence concer-	ning this matter to the following:
		MITCHELL KATZ CPA
		Name of Person
		FREUND KATZ GOLDSTON & YOUNG CO P.A.
		Firm/Company
		210 N UNIVERSITY DRIVE STE 302
		Address
		CORAL SPRINGS FL 33071
		City/State and Zip Code
		MKATZ@TAX-DOCTOR.NET F-mail address: (to be used for future annual report notification)
For fu	rther information concerning this	matter, please call:
	MITCHELL KATZ CPA	954 345-8666
Enclos	Name of Person sed is a check for the following an	at () Area Code Daytime Telephone Number nount:
₩ \$2	5.00 Filing Fee S30.00 F	illing Fee & S55,00 Filing Fee & S60,00 Filing Fee, cate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	MAILING ADDRES Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 3231-	Registration Section Ons Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

NBAHEALTHCARE GROUP LLC

(Name of the Limited Liability C	ompany as it now appears	on our records.)	
(A Florida Em	nited Liability Company)		
The Articles of Organization for this Limited Liability Com	oany were filed on	10/20/2016	and assigned
Florida document numberL16000194116		· · · · · · · · · · · · · · · · · · ·	
riorida document number			
This amendment is submitted to amend the fellowing:			
A. If amending name, enter the new name of the limited	liability company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or the al	
Enter new principal offices address, if applicable:			17 KDV
(Principal office address MUST BE A STREET ADDRES.	S)		72
	<u> </u>	 ,	
1			10 (
Enter new mailing address, if applicable:	 , <u>.</u>		
(Mailing address MAY BE A POST OFFICE BOX)			9: 4:5
		<u>. </u>	<u>_</u>
B. If amending the registered agent according to	d office oddesec on	our roopels onton	the name of the name
registered agent and/or the new registered office address	here:	our records, enter	the name of the new
			
Name of New Registered Agent:			
Name of New Neglisleted Argent.			
New Registered Office Address:			
	Enter Floria	la street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of n as provided for in Ch	ny duties, and I am j papter 605, F.S. Or, econfirm that the lin	familiar with and if this document is nited liability
li			

Page 1 of 3

If amending or remoyed	g Authorized Person(s) au from our records:	uthori ze d to ma	nage, enter the title, name, and address of eac	h person being added
MGR = A				
<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	ABE KATZ			🖸 Add
			1602 ALTON ROAD STE 132 MIAMI BEACH FL 33139	■ Remove
				Change
				C Remove
				Change
				□ Add
				☐ Remove
				☐ Change
		<u> </u>		O Add
				□ Remove
				☐ Change
		<u> </u>		
				C Remove
				Change
				Add
				Remove

D. If amending any other information, ent	er change(s) here: /Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of t	iling: (optional)	
(If an effective date is listed, the date must be specifing Note: If the date inserted in this block does document's effective date on the Department.	cand cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 not meet the applicable statutory filing requirements, this date will not be list of State's records.	5.0207 (3)(b) ted as the
f the record specifies a delayed effecti b) The 90th day after the record is fi	ve date, but not an effective time, at 12:01 a.m. on the earled.	ier of:
Dated <u>V</u> 11/20/17		
<u> </u>		
Signature Signature	of a member or authorized representative of a member	
	ABE KATZ Typed or printed name of signee	
	· · ·	
	Page 3 of 3	
	Filing Fee: \$25.00	