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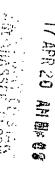
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SUBJEC	-1;	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		David C Konn		
Name of Person Live Oak Health Ilc Firm/Company 400 Ohio St #6123 Address Live Oak, Florida 32064 City/State and Zip Code LOHhealth@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David C Konn Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc				
		Live Oak Health Ilc		
			Firm/Company	
	400 Ohio St #6123			
			Address	<u>. </u>
		Live Oak, Florida 32064		
		··· · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
				
		E-mail address: (to be used for future annual report notifi	ication)
For furth	er information c	oncerning this matter, please ca	all:	
David C	Konn		at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Live Oak Health llc		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L16000228352	Company were filed on December 19, 2016	and assigned
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 name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		17.4
(Mailing address MAY BE A POST OFFICE BOX)		70
		STATE OF THE STATE
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter</u> ress here:	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
- 11	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.

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mr	Alan Kowaleski	17959 96th St, Live Oak, Fl 32060	Add
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			Remove
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