

L170000 27505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

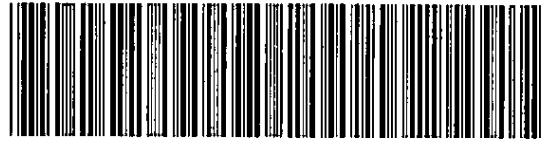
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2019 MAY 30 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

JUN 17 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLO 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:

CASEY BANJOKO

Name of Person

AVID HEALTH LLC

Firm/Company

P. O. BOX 17175

Address

TAMPA, FL 33682

City/State and Zip Code

cs@shilohhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CASEY BANJOKO 813 341-4000

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

SOLO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/25/2019 and assigned
Florida document number L17000027505

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AVID HEALTH, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10549 N FLORIDA AVENUE

(Principal office address MUST BE A STREET ADDRESS)

SUITE J

TAMPA, FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

10549 N FLORIDA AVENUE, SUITE J

Enter Florida street address

TAMPA

City

Florida

FL 33612

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2019 MAY 30 AM 9:07
 FILED
 SECRETARY OF DEFENSE
 FALL WAREHOUSE

2019 MAY 30 AM 9:01
SECRET
FALL 2019

FILED
2019 MAY 30 AM 9:07
SEATTLE
FBI

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 20th, 2019

[Signature]
of a member or authorized representative

Signature of a member or authorized representative of a member

STEVE BANJOKO

Typed or printed name of signee