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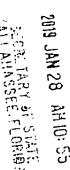
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## **COVER LETTER**

	•	orations		
R SUBJECT:	ISA ONCO	LOGY SOLUTIONS LLC		
	_	Name of Limi	ited Liability Company	The state of the s
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.	70
Please return al	Leorrespone	dence concerning this matter	to the following:	
		Lav Goyal MD MBA		
			Name of Person	<del></del>
		6747 NW 110th Way	Firm/Company	
		Parkland, FL 33076	Address	
		goyal98@yahoo.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report not	ification)
For further info	rmation cor	cerning this matter, please ca	all:	
Lav Goyal			919 619-0632 at ()	
	Name of I	'erson	Area Code Daytin	ne Telephone Number
Enclosed is a cl	heck for the	following amount:		
■ \$25.00 Fife	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

ARTICINS	ΓΟ
	ORGANIZATION E
	OF E
RISA ONCOLOGY SOLUTIONS LLC	ORGANIZATION OF  pany as it now appears on our records.) d Liability Company)  ny were filed on Apr 25, 2017 and assigned
(Name of the Limited Liability Comp	pany as it now appears on our records.) d Liability Company)
(A Fiorida Limie)	a Daming Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on Apr 25, 2017 and assigned
Florida document number L17000090922	· ·
ionida document intinoci	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
· · · · · · · · · · · · · · · · · · ·	
Risa Health Solutions LLC The new name must be distinguishable and contain the words "Limited Lial	190 Commission of Land and Land and Land and Land
the new name must be distinguishable and contain the words "familed faar	only Company, the designation DEC of the anoreviation DEC.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
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 he	<u>ere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
new registered Office Address.	Enter Florida street address
	, Florida
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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