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(Business Entity Name)	
(Document Number)	—
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2022 JAN 25 PH 1: 34 2022 JAN 25 PH 12: 56
SECRETARY OF STATE
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	orida Hoaltha	Sevuices (LC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Jac	K. C. Johnsen Name of Person	
		Firm/Company	
	_7138 A	tascadero Lo	
	Tallahass	City/State and Zip Code	<u> </u>
	E-mail address: (i	City/State and Zip Code PED 52 @ Ho TM b be used for future annual report noti	AIL, Com fication)
For further information c	concerning this matter, please ca		
Sacle	Johnson of Person	at (<u>77 o</u>) <u>35 G</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
TV S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 633	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAH 25 PH 1: 34

(Name of the Limited Liability Cogpus (A Florida Limited L	SECRETARY OF STATE OF	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on05/0//10i7 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile and contain the words "Limited Liabile and contain the words "Linited Liabile and contain the words" "Linited Liabile and contain the words "Linited Liabile and contain the words" "Liabile and contain t		(
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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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>	Name	Address	Type of Action
			□Add
		 ,	□Remove
			☐ Change
	_\	□Add	
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			Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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,	
(If an ef <u>Note:</u>	ive date, if other than the date of filing: Ot 126 120 22 (optional) Sective 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	
	Jenuary 25 01/25/22 2022
Dated	<u>01/15/22</u> 2012.
	digristure of a member or authorized representative of a member
	Tock Johnson Typed or printed name of signee