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COVER LETTER

то:	Registration Se Division of Cor			1
SUBJEC		especialists, LLC		
SUBJEC	CT:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	endence concerning this matter	to the following:	
		Jim Farah		
			Name of Person	
		Farah Law		
			Firm/Company	
		6550 St. Augustine Road,	Suite 103	
			Address	
		Jacksonville, Florida 3221	7	
			City/State and Zip Code	
		jim@farahlaw.com		
Can Camb	and the Francisco Constitution		·	ication)
ror lurth	er information co	oncerning this matter, please c	aii;	
Jim Fara	E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call:			
	Name of	f Person	Area Code Daytimo	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$2 5.0	00 Filing 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

Coastar refespecialists, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 06/12/2017	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:	
Coastal Telehealth Specialists, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
	197	
		조취 중
Enter new mailing address, if applicable:		SS = -
(Mailing address MAY BE A POST OFFICE BOX)		
		3 :
		35 Z
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>cress here</u> :	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	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
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			☐ Remove
			Change
			Add
			□ Remove
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Typed or printed name of signee

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