## 17000131075

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PICK-UP	☐ WAIT	MAIL
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S. WARREN JUN 2 6 2017

## L'old hame **COVER LETTER** TO: Registration Section Division of Corporations SUBJECT: Epidemiology Health Advisors LLC The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Rebecca Lazensky Name of Person Epidemiology Health Advisors, LLC Transcompany 3116 NW 7917 C+ Gainesuille FL 32600 becky a zen sky & mail com E-mail address: (to be used to future annual report notification) For further information concerning this matter, please call: at (484) 894-9120 Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee.

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 50 he 157 2017 and assigned Florida document number L17000131075 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Epidemistory Advisors LLC

Ole and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Same address as before Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Same 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 here: Same adress/name Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_\_\_

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 an Jamilian with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or if this comment is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited  $\frac{1}{100}$  bility, company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Evgent

nochange

Page 1 of 3

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 = M $AMBR = A$	lanager Authorized Member	rarae	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00