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COVER LETTER

	Registration So Division of Co					
SHRIFC		s Healthcare LLC				
SUBJECT: Name of Limited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		Robert Calhoun				
		Health Plus Healthcare LL	Name of Person C			
	Firm/Company 13155 sw 134 st_suite 223					
		Miami, FL 33186	Address			
		2000robert@gmail.com	City/State and Zip Code			
		E-mail address; (to be used for future annual report notif	lication)		
For furthe	er information c	oncerning this matter, please ca	all:			
Robert Ca			786 228-9926 at ()			
	Name o	ſ Person	Area Code Daytime	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 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

FILED

Health Plus Healthcare LLC

2019 HAR | | A 9 47

(A Flo	orida Limited Liability Company)	UECRETARY on since
,	orida Limited Liability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liabilit	y Company were filed on July 24, 2017	and assigned
Florida document number L17000157795		
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
Small B2B Solutions 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:		
(Principal office address MUST BE A STREET AD	ODRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	gistered office address on our reco <u>ddress here</u> :	ords, <u>enter the name of the n</u>
Sume of they registered rigent.		
New Registered Office Address:	Enter Florida street ad	
	, Citv	Florida Zip Code
New Registered Agent's Signature, if changing Register		ząr Code
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties, l agent as provided for in Chapter 60 ered office address, I hereby confirm	, and I am familiar with and 25, F.S. Or, if this document is
	If Changing Registered Agent, Signatu	era of New Donisters I Asses
	ii Changing registered Agent, Signatu	i e of arew 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove
		·	Change
			☐ Remove
			☐ Change

_____ □ Remove

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	03/01/2019
Note:	ive date, if other than the date of filing: (optional) ective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.
ated	3/1/19

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Typed or printed name of signee

Filing Fee: \$25.00