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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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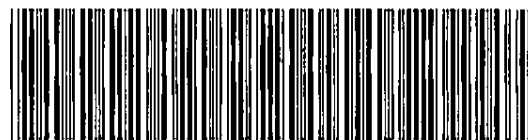
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 18 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHCARE TECHNOLOGY ADVISORY SERVICES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY A. HENDRICKSON
Name of Person

HEALTHCARE TECHNOLOGY ADVISORY SERVICES, LLC
Firm/Company

13355 98TH AVE
Address

SEMINOLE FL 33776
City/State and Zip Code

GARYAH@MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY A. HENDRICKSON at (813) 455-8952
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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**

HEALTHCARE TECHNOLOGY ADVISORY SERVICES, LLC

(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 08-21-2017 and assigned
Florida document number L17000178480

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

13355 98TH AVE
SEMINOLE, FL 33776

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13355 98TH AVE
SEMINOLE, FL 33776

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:

Name of New Registered Agent:

GARY A. HENDRICKSON

New Registered Office Address:

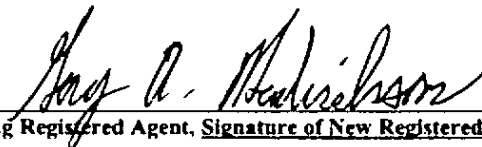
13355 98TH AVE

Enter Florida street address

SEMINOLE, Florida 33776
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>	<u>Address</u>	<u>Type of Action</u>
COO	CARON, ASHLEY LAUREN	13799 PARK BLVD.	<input type="checkbox"/> Add
& REGISTERED AGENT		SUITE 110	<input checked="" type="checkbox"/> Remove
		SEMINOLE, FL 33776	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective 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)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 5, 2019.


Signature of a member or authorized representative of a member

GARY A. HENDRICKSON
Typed or printed name of signer