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To:	Division of Co		₹.
	Fax Number	(350) 617-6383	<u>-</u>
From:			` <del>-</del> .
		: C T CORPORATION SYSTEM	
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	Phon <b>e</b>	: (512)418-6949	-
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	il addrage	for this business entity to be used f	or futur
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRAD HEALTH 4, LLC

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
C1:D 11'4	Trad Health	4, LLC	**		
SUBJEC	JT:	Name of Lim	ited Liability Company		
The enel	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter			
		A. Michael Lee, Esq.			
			Name of Person	***	
		Jones Day			
Firm/Company					
		1420 Peachtree Street, N.E	.: Suite 800		
			Address	<del></del>	
		Atlanta, Georgia 30309			
	City/State and Zip Code				
		alce@jonesday.com	to be used for future annual report not	fication)	
For furth	ter information c	oncerning this matter, please or			
	nael Lee, Esq.		404 581-8428		
		e Person	at ()	e Telephone Number	
Enclose	d is a check for t	he following amount:			
	.00 Fifing 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)	
	Regist	ANG ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	าก	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahossee, FL 32301

## To: Page 5 of 7

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION $\mathbf{OF}$

Trad Health 4, LLC			
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears ( Sability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000200871</u>	were filed on Septe	ember 27, 2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	<u>z</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the desi	gnation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del> </del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		our records, enter the	ie name of the new
	Cirv	, Florida	ZipCode
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agra- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this ca performance of n provided for in Ch	ny duties, and 1 am far парист 605, F.S. Or, if	e to comply with the niliar with and this document is

Page 1 of 3

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
MGR	Trad Development 4, LLC	e/o Optimal Outcomes, LLC	
		435 5th Avenue N	■ Remove
		St. Petersburg, Florida 33701	☐ Change
MGR	Gunn Development, LLC	c/o Optimal Outcomes, LLC	<b>_</b> Add
		435 5th Avenue N	□ Remove
		St. Petersburg, Florida 33701	☐ Change
			Add
			□ Remove
			Change
			☐.Remove
			Change
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change

Page 3 of 3 Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

R. Patrick Marston