Page 2 of 6 Division of Corporations 19542080845 From Ranae McGraw

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (350) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRAD HEALTH 2, LLC Certificate of Status Certified Copy 05 Page Count \$55.00 Estimated Charge

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## **COVER LETTER**

	gistration Sec Tision of Corp			
	Trad Health	2, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return	a all correspo	ndence concerning this matter	to the following:	
		A. Michael Lee, Esq.		
			Name of Person	
		Jones Day		
			Firm-Company	<del></del>
		1420 Peachtree Street, N.E.	.: Suite 800	
			Address	8 11 S 8 4
		Atlanta, Georgia 30309		
			City/State and Zip Code	
		alce@jonesday.com	16.5	
	e de la companya de		o be used for future annual report notif	icadoli)
For further	mformation co	encerning this matter, please ea		
A. Michael	Lee, Esq.		404 581-8428 ar()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
□ S25.00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, Fl. 32301

Tallahassee, Ft. 32314

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trad Health 2, LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our ted Lability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000200875</u>	any were filed on September	27, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here;	
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation	en "LLC" or the abbreviation T. L.C."
Enter new principal offices address, if applicable:	<del></del>	- 5 8 n
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	ed office address on our here:	
	Emerpioridastre	
<del></del>	City	, Florida
New Registered Agent's Signature, if changing Registered Ag	•	•
I hereby accept the appointmem as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capact dete performance of my di as provided for in Chapte	ries, and I am familiar with and r 605, F.S. Or, if this document is
<u>it</u>	Changing Registered Agent, Si	gnature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Triid Development 2, LLC	e/o Optimal Outcomes, ELC	
		435 5th Avenue N	■ Remove
		St. Petersburg, Florida 33701	☐ Change
MGR	Gunn Development, LLC	c/o Optimal Outcomes, U.C.	
		435 5th Avenue N	<b></b>
		St. Petersburg, Florida 33701	☐ Change
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			∩ Add
			☐ Remove
		·	☐ Change
			Add
			□ Remove
			□ Change

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Typed or printed name of signee

Filing Fee: \$25.00