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FEB 2 5 2019 S. YOUNG

COVER LETTER

ΓΟ: Registration : Division of C			
	Digital Healthcare, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Richard Brooks		
	St. Augustine Law Group,	Name of Person P.A.	
	320 High Tide Drive, STE	Firm/Company	
	St. Augustine, FL 32080	Address	
	rich@staugustinelawgroup.	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Julia Newton		9()-4 99()-7777 at ()	
Namo	e 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:

TO:

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

Universal Digital Healthcare, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our re ability Company)	cords.)
The Articles of Organization for this Limited Liability Company v	were filed on 10/05/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new_name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company." the designation	"LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		B T 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		57 6
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		Clorido
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New 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 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>
MGR	CURA4U, Inc.	50 N Laura Street, #2500 Jacksonville, FL 32202	_⊟ Add
			_ □ Remove
			-
MGR	American Telephysicians, LLC		□ Change
			□ Add
		50 N Laura Street, #2500 Jacksonville, FL 32202	
			Change
			🗖 Add
			Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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	-		-	
ffective date, if other than the dat	te of filing:		(optional)	
an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depart	does not meet the applica	to date of filing or more than table statutory filing requi	n 90 days after filing.) Pursua rements, this date will not	nt to 605.0207 t be listed as
e record specifies a delayed ef The 90th day after the record		an effective time,	at 12:01 a.m. on the	earlier of
ated February 15	2019			
		_ -		
Mile V	401	rized representative of a m		<u>_</u>

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Typed or printed name of signee

Filing Fee: \$25.00