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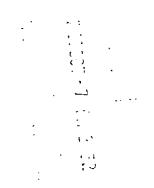
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#### **COVER LETTER**

## Registration Section **)**: **Division of Corporations** THE PATIENT SUPPORT GROUP LLC JBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: SALVATORE LANTIERI Name of Person THE PATIENT SUPPORT GROUP LLC Firm/Company 150 E BOCA RATON ROAD Address BOCA RATON, FL 33432 City/State and Zip Code sal@e-healthysolutions.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: 954 592-5482 Salvatore Lantieri Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

#### Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PATIENT SUPPORT GROUP LLC

ompany has been notified in writing of this change.

ne Articles of Organization for this Limited Liability Company orida document number L18000002734	were filed on 01/03/2018	and assigned	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		10	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		1	
		<u> </u>	
		٠, ٢٠	
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registe	
<u> </u>			
Name of New Registered Agent:			
New Registered Office Address:			
ries, regimered office readyby.	Enter Florida street address , <b>Florida</b>		
	City	Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:			

eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

MBR = Authorized Member

itle	<u>Name</u>	Address	Type of Action
MBR	JOSEPH AZZATA	150 E BOCA RATON ROAD	
		BOCA RATON, FL 33432	□ Remove
			□ Change
.MBR JAMES AZZATA	150 E BOCA RATON ROAD	\BAdd	
		BOCA RATON, FL 33432	Remove
			□Change
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ive date, if other than the date of fective date is listed, the date must be spend the date inserted in this block donent's effective date on the Departm	cific and cannot be prior to date of filings not meet the applicable statutory	<b> (optional</b> ) g or more than 90 days after filing requirements, this date	;.) Pursuant to 605.020
d specifies a delayed effective date, led.	but not an effective time, at 12:01	a.m. on the earlier of: (b) T	ne 90th day after the
October 02	. 2020		
	D NA DI		
	Salvalore dante	ex	