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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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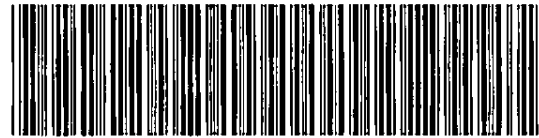
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
18 MAY 21 PM 3:04

N COOPER

MAY 23 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Helix Healthcare Partners, 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:

Nancy Brown

Name of Person

Helix Healthcare Partners, LLC

Firm/Company

8140 Okeechobee Blvd., Ste A&B

Address

West Palm Beach, FL 33411

City/State and Zip Code

nancy.brown@thinkbiginc.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Brown

561

293-4307

at (_____) _____

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**

Helix Healthcare Partners, 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 01/08/18 and assigned
Florida document number L18000005806.

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)

8140 Okeechobee Blvd

Suite A&B

West Palm Beach, FL 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8140 Okeechobee Blvd

Suite A&B

West Palm Beach, FL 33411

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18 MAY 21 PM 3:44

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:

New Registered Office Address:

8140 Okeechobee Blvd, Ste A&B

Enter Florida street address

West Palm Beach

Florida 33411

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>
AMBR	QI Healthcare Business Solutions, I		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nancy Louise Brown	8140 Okeechobee Blvd, Ste A&B	<input type="checkbox"/> Add
		West Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Tammy Lynette Sabatin	8140 Okeechobee Blvd, Ste A&B	<input type="checkbox"/> Add
		West Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

18 MAY 21 PM 3:14

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DIVISION OF CORPORATIONS
18 MAY 21 PM 3:44

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated may 10 , 2018


Signature of a member or authorized representative of a member

Nancy Louise Brown

Typed or printed name of signee