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Office Use Only



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## **COVER LETTER**

Division of Cor	rporations		
SUBJECT:	E.A.P L	IEALTH CF	ARE SOLUTI
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mirsha	Name of Person	<u>.                                    </u>
		Firm/Company	
	pitt b	NO 90th Jean Address	<u>√</u> .
	Missi E-mail address: (1	City/State and Zip Code  10 D D D D D D D D D D D D D D D D D D D	3324 rail. Gm.
For further information c	oncerning this matter, please ca	ıll:	
Name o	-lue Chykar f Person	at (954) 271 Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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** 

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

L.E.A.P HEALTH (Name of the Limited Liability Compan	TARE SOLUTIONS, LLC ny as it now appears on our records.)
(A Florida Limited L	
The Articles of Organization for this Limited Liability Company	were filed on DI 10 2018 and assigned
Florida document number <u>L 18000009981</u> .	• •
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
LEAP HEALTH CARE STATE THE NEW name must be distinguishable and contain the words "Limited Liability Laboration of the New Name of the Nam	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Dantation [] 33324
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	644 N.W 90th Howard
	Phatoton, +1 39324.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	pora
New Registered Office Address:	N2001
	Finter Florida street address
<del></del>	, Florida
	City Zip Code

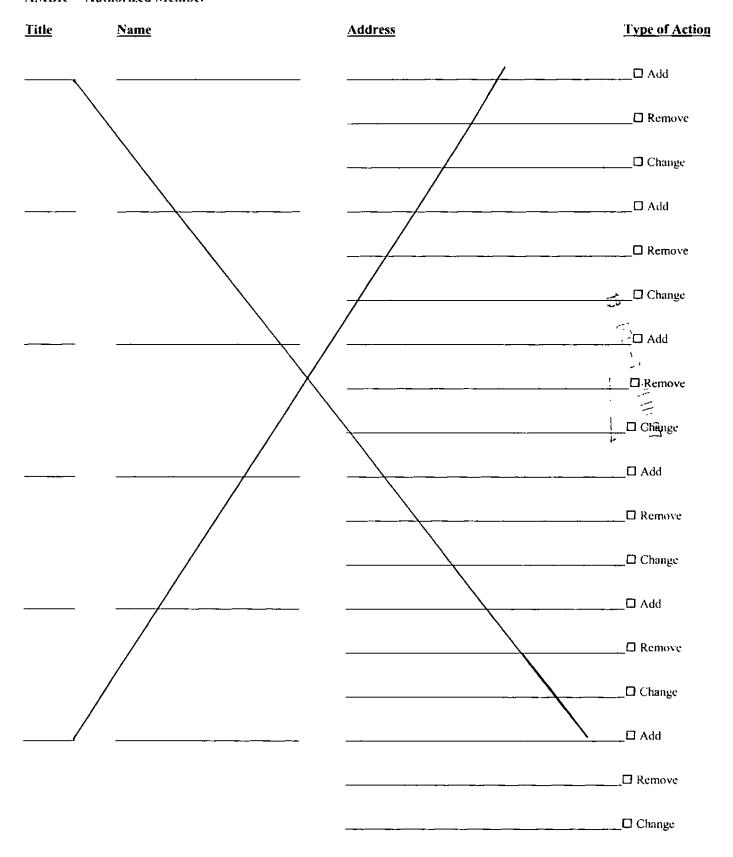
## New Registered Agent's Signature, if changing Registered Agent:

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



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ective date. if other than the date of filing:	(6	optional)
effective date is listed, the date must be specific and care:  If the date inserted in this block does not mee	nnot be prior to date of filing or more than 90 days	after filing.) Pursuant to 605.0
ument's effective date on the Department of State	e's records.	this date will not be listed
ecord specifies a delayed effective date ne 90th day after the record is filed.	e, but not an effective time, at 12:0	)1 a.m. on the earlier
ed 11 27 2018		
	11/00	
<u> </u>	mber or authorized representative of a member	
Ciamatan 12		

Page 3 of 3

Filing Fee: \$25.00