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COVER LETTER

Division of Corporations		
SUBJECT: EVERYBOD'	Y'S HEALTH CLINIC OF TITE	US VILLE LLC
The enclosed Articles of Amendment and fee	e(s) are submitted for filing.	
Please return all correspondence concerning to	this matter to the following:	
	TZI L CANARD Name of Person	
EN	C 1 LL C Firm/Company	_
140	5 STARBOARD ST NW)
PAL	City/State and Zip Code	
- MIT	ZILORRIAY NEW GMAIL (O	M
For further information concerning this matter	er, please call:	
M17Z L CANAR Name of Person	at (321) Z (c/o 1443 Area Code Daytime Telephone Nun	 nber
Enclosed is a check for the following amount	t:	
\$25.00 Filing Fee \$30.00 Filing Certificate o	of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	D Filing Fee, ficate of Status & fied Copy ional copy is enclosed)

TO:

Registration Section

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

(Name of the Limited Liability C (A Florida Lir	CLINC OF //TUSVILLE Company as it now appears on our records.) mited Liability Company)	LCC-
The Articles of Organization for this Limited Liability Com- Florida document number <u>180000 15 419</u> .	npany were filed on $\frac{1/11/201}{201}$	8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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:		- 22
(Principal office address MUST BE A STREET ADDRES	<u></u>	·
		است
Enter new mailing address, if applicable:		· ·
(Mailing address MAY BE A POST OFFICE BOX)		13
		CR SAN
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	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>	Type of Action
CEO	JESUS N	MENDINIL 851 Bridge	rway Blvd DAdd
		Orlando FI	32828 K Remove
			Change
CEO	Susan St	I	•
		Orlando F	/ 3 2828 □ Remove
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Filing Fee: \$25.00