L18000016461

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COVER LETTER

•	ation Section of Corporations				
SUBJECT:	Florida	Name of Limit	Health ed Liability Company	LLC	
The enclosed Art	ticles of Amendmer	nt and fee(s) are subm	nitted for filing.		
Please return all	correspondence cor	neerning this matter to	o the following:		
		<u></u>	Name of Person	<u> </u>	
		Florida	Pricewier Firm/Company	Health	LLC
	_2	89 Courta	Lakes Address		<u>,</u>
	<u> ಬ</u>	icst Palm	Beach, FL City/State and Zip Code	33401	
		E-mail address: (to	o he used for future annual	report notification	1)
For further infor	mation concerning	this matter, please ca	11:		
	Name of Person	Lese	at (<u>202</u>) Area Code	8 20 - 30 Daytime Telep	76 Shone Number
Enclosed is a ch	eck for the following	ng amount:			
♥ \$25,00 Filin	ig Fee □ \$30. Cc	00 Filing Fee & rtificate of Status	☐ \$55.00 Filing Fee Certified Copy radditional copy is en		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional 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

(Name of the Limited Liability Comp	Health LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number <u>L 18000016961</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	4
The new name must be distinguishable and contain the words "Limited Liab	e Care LL	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "EEC" or the	abbreviation "L.L.C.
Enter new principal offices address, if applicable:		k
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		The state of the s
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>entere</u> :	er the name of the ney
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

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

Thereby 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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ne recor The 90	d specifie)th day a	s a delay fter the r	ved effec ecord is	tive da filed.	ate, but	not an	effective	time, at	. 12:01	a.m. on	the earli	ero
Dated <u> </u>	rebrum	٠٠ ١			201 人	<u>&</u> .						
			Signatu	re of a n			representati	ve of a men	iber	<u></u>		

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Filing Fee: \$25.00