

L18 0000 19212

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

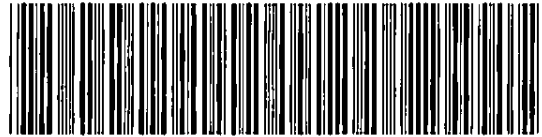
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March 27, 2024

TO: Registration Section Division of Corporations

Registration Section
Registration Section Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
Ph: (850) 245-6051

SUBJECT: PAYER PRO HEALTHCARE CONSULTING GROUP LLC

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Caleb Rojas
Manager
Alivi Health
5775 Blue Lagoon Drive, Ste. 450. Miami,
FL 33126
Ph: 786-708-0225
Email: caleb.rojas@alivi.com

For further information concerning this matter, please contact: Gerald Brounstein, General Counsel at 786 607 8184, Email: gerald.brounstein@alivi.com.

Enclosed is a check made payable to the Florida Department of State for the following amount: \$55.00 Filing Fee & Certified Copy.

Thank you

Regards

Caleb Rojas

Manager

**AMENDMENT TO ARTICLES OF ORGANIZATION OF
PAYER PRO HEALTHCARE CONSULTING GROUP LLC
L18000019212
(the "Company")**

1. The name of the Company is:

PAYER PRO HEALTHCARE CONSULTING GROUP LLC

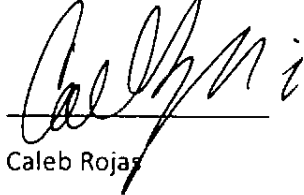
2. The date of filing of the Company's Articles of Organization was January 22, 2018.

3. This amendment is submitted to amend the following:

The name of the Company is hereby changed to:

Alivi Homecare LLC

Date: March 27, 2024

A handwritten signature in black ink, appearing to read 'Caleb Rojas', is written over a horizontal line.

Caleb Rojas

Manager

2024 APR -1 PM 4:09