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SECRETARY OF STATE
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COVER LETTER

то:		tration Section of Corp					
SHRIF	CT· A	merican H	ealth Corp, LLC				
SOBJE	C1	Name of Limited Liability Company					
The enc	losed A	Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn a	ll correspor	ndence concerning this matter	to the following:			
			Shari Rosenberg				
				Name of Person			
			American Health Corp, LL				
			· · · · · · · · · · · · · · · · · · ·	Firm/Company			
			7700 Massachusetts Ave				
				Address	•		
			New Port Richey, FL 3465	3			
				City/State and Zip Cod	e		
			srosenberg@deltamedicalca				
			E-mail address: (1	to be used for future annua	al report notifica	ition)	
For furt	her info	ormation co	oncerning this matter, please ca	ıll:			
Shari R	osenbe	rg		727 8	48.2273		
		Name of	Person	Area Code	Daytime T	elephone Number	
Enclose	d is a c	heck for th	e following amount:				
□ \$25	.00 Fili	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fec Certified Copy (additional copy is c		☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			NG ADDRESS:		ET/COURIER	R ADDRESS:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Health Corp, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number L18000047896	ny were filed on 22 February 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
<u>(Principal office address MUST BE A STREET ADDRESS)</u>		A CER
		—————————————————————————————————————
		R -
Enter new mailing address, if applicable:	2011	9
(Mailing address MAY BE A POST OFFICE BOX)		
		 Car
		9 5 A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		iter the name of the new
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:

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>	Address	Type of Action
AMBR	Shari H Rosenberg	7700 Massachusetts Ave	
		New Port Richey, FL 34653	■ Remove
			Change
АМВЙ	Dr Haider Khan	6914 W Linebaugh Ave #102	
		Tampa, FL 33625	Remove
			Change
MGR	Dr Safia Khan	6914 W Linebaugh Ave #102	≣ Add
		Tampa, FL 33625	☐ Remove
			☐ Change
MGR	Dr Nazeer Khan	6914 W Linebaugh Ave #102	■ Add
		Tampa, FL 33625	Remove
			□ Change
MGR	Sabiha Khan	6914 W Linebaugh Ave #102	≅ Add
		Tampa, FL 33625	Remove
			Change
	Sabiha Khan		
			□ Remove
			□ Change

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	dana CMP		
Effective date, if other than the fan effective date is listed, the date mu. Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to da ock does not meet the applicable	te of filing or more than 90 days aft	tional) ter filing.) Pursuant to 605.0207 his date will not be listed as
ne record specifies a delayed The 90th day after the rec		effective time, at 12:01	a.m. on the earlier of
Dated April 2	2018		
(7 11 000	. \.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00