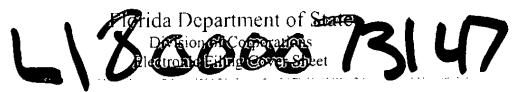
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Division of Corporations



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(((H210004667413)))



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To:	Division of Corporations	2021	
	Fax Number : (850)617-6383	EC.	<u> </u>
From:		27	, ;
	Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP		\Box
	Account Number : I20060000021	(2) C 📆	
	Phone : (561)833-9800		
	Fax Number : (561)655-5551		
			ے در
**Enter	the email address for this business entity to be used for	future	6

Email Address: JOHN.TURNER@SAUL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEALTHCARE PROFESSIONAL PROGRAM MANAGER, LLC

The superior of the foreign of the second control of the second co	ALLEGATION CONTRACTOR
Certificate of Status	C. BRUMBLEY
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210004667413

HEALTHCARE PROFESSIONAL		AGER, LLC	r records.)	 	-	
Same of the Limits	(A Florida Limited L	iability Company)	<u></u> ,			
The Articles of Organization for this Limited Lie	ability Company	were filed on March 21	, 2018	and :	assigne	i
Florida document number L18000073147						
This amendment is submitted to amend the follo	ານກ່ອດ:					
A. If amending name, enter the new name of	the limited liabil	lity company here:				
The new name must be distinguishable and contain the wo	and Office 4 bands	ry Cornogay " the descripti	on "I I C" or the abl	ของเล่น์ใน	··: 250.''	
		3567 MOON BAY CII		-;(1 · · · · · · · · · · · · · · · · · ·)21[
Enter new principal offices address, if applica		WELLINGTON, FL 3)	<u>—11</u>
(Principal office address MUST BE A STREE	<u>r address)</u>				27	-
				ن. د : اتا	AH	TT
Enter new mailing address, if applicable:		3567 MOON BAY CH	RCLE		<u></u>	D
(Mailing address MAY BE A POST OFFICE I	ROVI	WELLINGTON, FL 3	3414	•	ယ	
Mulling address may be a rost or ree	<u> </u>					<i>Q</i>
B. If amending the registered agent and/or reagent and/or the new registered office address	<u>s here</u> :	ddress on our records	s enter the name	e of the r	<u>iew reg</u>	<u>istered</u>
Name of New Registered Agent:	SEAN HABER					
New Registered Office Address:	3567 MOON BA					
		Enter Florida swe		• 4		
	WELLINGTON	Cin	, Florida <u>334</u>	Zip Coo	ie .	
New Registered Agent's Signature, if changing R	egistered Agent:	· · · ·		•		
				43. 36	mn/v sea	ih the I

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2021-12-23 15:27.07 EST

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HEALTHCARE PROFESSIONAL	260 1st Avenue South, Suite 200-36	FlAdd
	LEABILITY SPECIALISTS, ELC	Saint Petersburg, FL 33701	■Remove
MGR	SEAN HABER	3567 Moon Bay Circle	ii Add
		Wellington, FL 33414	□Remove
			□Change
MGR	ANDREW CUNNINGHAM	2933 Lakewood Pointe Drive	
		Orlando, FL 32817	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Add
			Remove
			Change

To: ~18506176383*

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•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
he recor ord is ti	
Dated	12/23/21 2021 Amm
	Signature of a member or authorized/representative of a member
	Typed or printed name of signee