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M. MILLIGAN APR 26 2018 DIVISION OF CORPORATIONS
18 APR 23 PM 4: 11

## **COVER LETTER**

TO:

Registration Section Division of Corporations

MAILING ADDRESS:

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

SUBJECT:	LLISION HU	3 HW WIARKE ited Liability Company	ting LLC
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DAWN	FANAUZZ Name of Person	)
	Precision	Heath MAI	eketing LLC
	7025 CR	4 LeA Ste 12	71 #423
	Lake M	7ARY, f) 32	746
	Prusion E-mail address: (t	o be used for future annual report notifica	ting bamail
For further information c	oncerning this matter, please ca	ill:	
JAWN Name o	f ANHANZZi f Person	at (407) 637 Area Code Daytime 1	2-9709 elephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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Tracision Hea	1th MARKET	ting LLC
( <u>Name of the Limited Liability Com</u> (A Florida Limited	d Liability Company)	<u>rus.</u> ) <u>J</u>
The Articles of Organization for this Limited Liability Compan Florida document number <u>し18 0000の5</u> 5년4	ny were filed on <u>APC / 1</u> H	1 2018 and assigned
This amendment is submitted to amend the following:		No Contract of the Contract of
A. If amending name, enter the new name of the limited lia	<del>.</del> ,	18 NPR 23 PM
The new name must be detinguishable and contain the words "Limited Lial	bility Company," the designation "LL	C" or the abbreviation "L.L.C".
Enter new principal offices address, if applicable:	<del>-</del>	
(Principal office address MUST BE A STREET ADDRESS)	N	A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr.	ess
	, F	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
MBR	DAWN	fawtauzz	2, 7025	LR41af	Sh. 187	<b>Z</b> Add
			LAKE M	MARY, f	13274	<u>l</u> o□ Remove
				<b></b>		Change
					<u>.</u> . <u>-</u>	□ Add
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(If an effective d Note: If the c	e, if other than the te is listed, the date mus ate inserted in this ble fective date on the De	t be specific and car ock does not mee	nnot be prior to d t the applicable	e statutory filing:	e than 90 days afte	ional) er filing.) Pursuant to iis date will not be	605.02 listed	.07 (3)(b as the
	pecifies a delayed day after the rec		e, but not a	n effective tir	ne, at 12:01	a.m. on the ea	arlier	of:
Dated	or 18 2	)18.		Sent po			18 APR 23	DIVISION O
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Page 3 of 3

Filing Fee: \$25.00