12/23/21, 3 08 PM

Division of Corporations



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Division of Corporations

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Account Number : I20060000021 Phone : (561)833-9800

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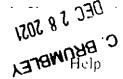
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JOHN.TURNER@SAUL.COM Email Address:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HEALTHCARE PROFESSIONAL ASSOCIATION, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 2, 2018 and assigned Florida document number L18000111039 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3567 MOON BAY CIRCLE Enter new principal offices address, if applicable: WELLINGTON, FL. 33414 (Principal office address MUST BE A STREET ADDRESS) 3567 MOON BAY CIRCLE Enter new mailing address, if applicable: WELLINGTON, FL 33414 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the fiew registered agent and/or the new registered office address here: SEAN HABER Name of New Registered Agent: 3567 MOON BAY CIRCLE New Registered Office Address: Enter Florida street address WELLINGTON

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HEALTHCARE PROFESSIONAL	260 1st Avenue South	□Add
	LIABILITY SPECIALIST, LLC	Saint Petersburg, FL 33701	■Remove
			□Change
MGR	SEAN HABER	3567 Moon Bay Circle	≅ Add
		Wellington, FL 33414	□Remove
			Change
MGR	ANDREW CUNNINGHAM	2933 Lakewood Pointe Drive	
		Orlando, FL 32817	□Remove
			□Change
			🗆 ∧dd
			□Remove
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Note: It	c date, if other than the date of filing:
ne record spord is filed.	/ F
Dated	12/23/21 2021")
	Signature of a myrribur or authorized representative of a member