118000128239

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	Or Status
Special Instructions to I	Filing Officer:	

Office Use Only



900314363989

× 06/08/15--0604--060 *•25.00

18 JUN -8 AM 8: 53

N COOPER JUN 12 2018

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Shifa Heal	theare Holdings, LLC		
SUBJEC	1.	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Scott A. Frick, Esq.		
			Name of Person	
		Frick Law Group, P.A.		
			Firm∀Company	
		1005 N Marion Street		
			Address	
		Tampa, Florida 33602		
			City/State and Zip Code	
		strick@fricklawgroup.com		
			to be used for future annual repor	rt notification)
For furthe	r information c	oncerning this matter, please co	aH:	
Scott A. Frick, Esq.		813 344-35- at ()	45 	
	Name o	f Person	Area Code D	aytime Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	O Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registration S Division of C Clifton Buildi	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shifa Healthcare Holdings, 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 22, 2018 and assigned Florida document number $\underline{L1800}$ 0128239 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
MGR	Pariksith Singh, MD	12900 Cortez Blvd., Suite 203	D Add
	 -	Brooksville, Florida 34613	■ Remove
			☐ Change
			Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Remove
			□ Change

-		
		
,		
•		_
-		
		— ;=
		
-	α	
		; – (\$
	<u> </u>	
-		<u> </u>
-		
E. Effect	ive date, if other than the date of filing:	
(lf an ef) Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	605,020
	nent's effective date on the Department of State's records.	iisteti a
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea e 90th day after the record is filed.	rlier c
(U) IIIC	sour day after the record is med.	
	June 6 26HS	
Dated		
Dated		
Dated	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00