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## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 05/06/2022

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Name:	Best Medicaid, LLC	
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Thank you!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2027 MAY -6 AM 9: 00

Best Medicaid, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our record) LAHASSEF, FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed of Florida document number L18000134537	on05/30/2018	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
···		<del></del>
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:  Name of New Registered Agent:	our records, <u>enter the name o</u>	of the new registered
New Registered Office Address:	ter Florida street address	
City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performan accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I company has been notified in writing of this change.	nce of my duties, and I am fan or in Chapter 605, F.S. Or, if	uliar with and this document is

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	BEST VALUE INTERMEDIATE II, LLC	100 PARK AVENUE	■Add
		NEW YORK, NY 10017	□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			🗀 Add
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•	Company shall be member managed."	
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Note: If the date inserted in the	the date of filing:	0207 ( d as t
record specifies a delayed effo d is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated May 6	2022	

Filing Fee: \$25.00