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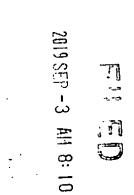
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COVER LETTER

Division of Cor	porations									
EIR Health	Management LLC	, • *								
SUBJECT:										
-	Name of Lim	ited Liability Company								
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.								
Please return all correspo	ndence concerning this matter	to the following:								
	John Mansour									
		Name of Person								
	EIR Health Management	LLC								
	Firm/Company									
	Firm/Company 120 E. Marks St., Suite 250 Address									
	<u> </u>	Address								
	Orlando, FL 32802									
	JoMansour@gmail.com	City/State and Zip Code								
	E-mail address: (to be used for future annual report notifi-	cation)							
For further information c	oncerning this matter, please ca	all:								
John Mansour	407 489-3701									
	<u> </u>	at ()								
Name o	f Person	Area Code Daytime	Telephone Number							
Enclosed is a check for th	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)							

MAILING ADDRESS:

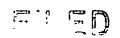
TO:

Registration Section

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



EIR Health Management LLC

2019 SEP - 3 AH 8: 1

(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 _ and assigned Florida document number _____118000152465 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rx Health Management LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 100 SE 2nd Street Enter new principal offices address, if applicable: Suite 2000 (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33131 51 E. Marks Street Enter new mailing address, if applicable: #2369 (Mailing address MAY BE A POST OFFICE BOX) Orlando, FL 32802 B. If amending the registered agent and/or registered office address on our records, enter the name of the n 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 to 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.

City

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 add or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Address Title** <u>Name</u> □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

_□ Remove

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Filing Fee: \$25.00