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EXAMINER

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	erive Heal Name of Lim	Mcare Hold!	ngs, LLC
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	<del></del>
	Rev	1. W Heelthear Firm Company	Holdings
	40 F	Address	
	St	Johns FL City State and Zip Code	32259 and Sholdings con sincerion
	E-mail address (	to be used for future annual report notif	oholdings.com
For further information c	oncerning this matter, please ca		344
John L Name o		at ( <u><b>336</b>)</u> <u>250</u> Area Code Daytime	9-795C ?
		·	,
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)
Registi Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Revive Mealthcare Holdings, L	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
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: WA	- See - See - Fre - Co
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the al	
Enter new principal offices address, if applicable: N 🛧	- B
(Principal office address MUST BE A STREET ADDRESS)	Ċ)
Tracipal office address most militaria. Transming	- 10
Enter new mailing address, if applicable:	
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the name of the ne
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
Emer Plorida Mrees dadress	
, 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
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a effective date is <b>te:</b> If the date i	other than the disted, the date must inserted in this blo ive date on the De	be specific and cannot does not meet	iot be prior to date the applicable s	5/20 of filing or more t	han 90 days after t	nal) iling.) Pursuant to 60: date will not be list	- 5,020 ted a:
	ifies a delayed after the reco		, but not an	effective time	e, at 12:01 a.	.m. on the earli	ier o
led 7/	26/18	01.2					

Page 3 of 3

Filing Fee: \$25.00