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Amendicas

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COVER LETTER

TO:

	gistration Se vision of Cor			
our incr		Medical Solutions, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fec(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Onier Villarreal		
			Name of Person	
		Continuum Medicai Soluti	ons, LLC	
			Firm/Company	
		10525 Baracoa Court		
			Address	
		Trinity, FL 34655		
			City/State and Zip Code	
		onier.villarreal@innovitash		
		E-mail address: (to be used for future annual report noti	ification)
For further	information c	oncerning this matter, please c	all:	
Onier Villa	ırreal		443 540-5550 at ()	
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$ 25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		<u>Street Address:</u> Registration Se	ection
	-	orporations	Division of Cor	
P.	O. Box 632	7	The Centre of	
T:	allahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Continuum Medical Solutions, 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 July 26, 2018 Florida document number L18000180147 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 "LLC." 6201 N Suncoast Blvd Enter new principal offices address, if applicable: Crystal River, FL 34428 (Principal office address MUST BE A STREET ADDRESS) PO Box 229 Enter new mailing address, if applicable: Odessa, FL 33556 (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 new registered agent and/or the new registered office address here: Onier Villarreal Name of New Registered Agent: 10525 Baracoa Court 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.

Trinity

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>	<u>Address</u>	Type of Action
СГО	Leonel Villarreal	10525 Baracoa Court	
		Trinity, FL 34655	■Remove
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