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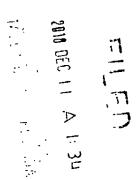
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of C APALA | RA HEALTHCARE SOLUTION | S. LLC | | | |
|--------------------------|--|---|---|---|--|
| SUBJECT: | Name of Lin | sited Liability Company | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corres | spondence concerning this matter | to the following: | | | |
| | NORMAN WOODS | | | | |
| | | Name of Person | <u>. </u> | | |
| | APALARA HEALTHCA | RE SOLUTIONS, LLC | | | |
| | | Firm/Company | | | |
| | 14359 MIRAMAR PARKWAY, #194 | | | | |
| | | Address | 2818 DEC 11 | Ī | |
| | MIRAMAR, FL 33027 | MIRAMAR, FL 33027 City/State and Zip Code | | | |
| | | | | | |
| | NWOODS87@GMAIL.CO | DM . | ication) P | | |
| | E-mail address: (| to be used for future annual report notif | ication) | | |
| For further information | n concerning this matter, please c | all: | ;. E | | |
| NORMAN WOODS | | 703 772-0380 | | | |
| Nam | e of Person | at () Area Code Daytime | Telephone Number | | |
| | | | | | |
| Enclosed is a check fo | r the 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) | | |
| MA | ILING ADDRESS: | STREET/COURI | FR ADDRESS: | | |

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APALARA HEALTHCARE 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 AUGUST 7, 2018 and assigned Florida document number $\frac{L18000188555}{}$ 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." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florula 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Citv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------|--------------------------------|----------------|
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