L18000257418

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	- .
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

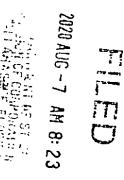
Office Use Only



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SEP 2 5 2020 S. YOUNG



COVER LETTER

TO:

TO: Registration Se Division of Cor		,	
Valor Heal	ith LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sheila H Lowe		
		Name of Person	
	Adams Benefit Corp		
		Firm/Company	
	600 Corporate Dr, Suite	305	
		Address	
	Fort Lauderdale , FL 333	334	
		City/State and Zip Code	···
	Sheila.lowe@adamsbene		
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Sheila H Lowe		954 772-9320 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
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)
Mailing Addres		Street Address:	41
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	7	2020
Violand tangkh I I C		AUG TI
Valor Health LLC		<u> </u>
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 11/1/2018	and assigned
Florida document number L18000257418		23 ****
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Nickel Health LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Same no change		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
Samo no chang		
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida street address	
	. Florid	a
	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
MGR James A Robertson	600 Corporate Dr, Suite 305	□Add	
		Fort Lauderdale, FL 33334	■Remove
	<u> </u>		🗀 Add
			□Remove
*****			□Add
		Remove	
			□Change
			🗀 Add
			□Remove
			□Change
		DAdd	
			Remove
			□Change
			□Add
			Remove
			□Change

Effective date, if other than the date of filing: In effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Kote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. The effective date on the Department of State is records. The effective date of the effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled. Signature of a member or authorized representative of a member David Blair Adams III	Name change with addre	ess remaining the same, same tax id
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	anca	
		Signature of a member or authorized representative of a member
David Blair Adams III		
	David Blair Adams II	
		Typed or printed name of signee

Filing Fee: \$25.00