## L18000265180

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SECRETARY OF STATE
TALLAHIASSEE, FI

A. BUTLER NAR 2 3 2022

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
eitbic.		EVANCHO DO LLC		
SUBJE	J1:	Name of Limi	ted Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		JOHN HARKINS		
		<del></del>	Name of Person	<del>.</del>
HEALTHSTONE MANAGEMENT COMPANY LLC				
Firm/Company				
1835 E. HALLANDALE BEACH BLVD., SUITE 680				
Address				
		HALLANDALE BEACH,	Fl. 33009	
			City/State and Zip Code	
		john.harkins@healthstonem		<del> </del>
		E-mail address: (1	to be used for future annual report noti	fication)
For furth	ner information co	oncerning this matter, please ca	nll:	
јони н	IARKINS		305 323-1698	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclose	d is a check for th	e following amount:		
<b>■</b> \$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)
	Mailing Address	<u>s:</u>	Street Address:	

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

TO:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED

2022 HAR 11 PM 2: 47

(Name of the Limited Liability Company as it now appear (Name) TALLAHASSEE, FL.  The Articles of Organization for this Limited Liability Company were filed on O9/20/2018 and assigned and assigned florida document number L18000265180  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."  Center 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 address here:  Name of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:  1835 E. HALLANDALE BEACH BLVD., SUITE 680  HEALTHSTONE MANAGEMENT COMPANY LLC  1835 E. HALLANDALE BEACH BLVD., SUITE 680  Enter Florida street address			EUZE HMIL 1 1	111 6. 41
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hits amendment is submitted to amend the following:  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 "L.L.C."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:    1835 E. HALLANDALE BEACH BLVD., SUITE 680     HALLANDALE BEACH, FL 33009	(Name of the Limi	ted Liability Company (A Florida Limited Lia	as it now appears in our record pility Company) TALL AHAS	SEE, FL
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Enter Florida street address	Name of New Registered Agent:	HEALTHSTONE		
Enter Florida street address	New Registered Office Address:	1835 E. HALLAN		
TEAL E AND ALC DEACH 22000	negistered office radices.		Enter Florida street addres	SS
TALLANDALE BEACH Planta 23007		HALLANDALE	BEACH E1	orida <sup>33009</sup>

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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ective date, if other than th	e date of filing:	(optional)	
effective date is listed, the date mu	lock does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 60 atory filing requirements, this date will not be list	05.020 sted a
	Department of State's records.		
te: If the date inserted in this bument's effective date on the f			ter the
ument's effective date on the I	ve date, but not an effective time, at 12	2:00 a.m. on the earlier of: (b). The 90th day aft	
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ment's effective date on the I	ve date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day af	

Filing Fee: \$25.00