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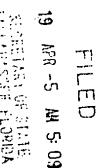
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COVER LETTER

	Registration Se Division of Cor		•	
	Windsor He	ealth, LLC		
SUBJEC	,1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Terrence Diaz		
		•	Name of Person	
		Windsor Health, LLC		
			Firm/Company	
		12157 West Linebaugh Av	venue, Suite 230	
			Address	
		Tampa, FL 33626		
		···	City/State and Zip Code	
		TemenoLLC@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please co	all:	
Terrence	: Diaz		407 923-8303 at ()	
	Name of	Person	Area Code Daytime	Felephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Windsor Health, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fillerida document number 1.18000265762	iled on November 13, 2018 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability co	mpany here:
	5
he new name must be distinguishable and contain the words "Limited Liability Com	
Enter new principal offices address, if applicable:	
	5
Principal office address MUST BE A STREET ADDRESS)	
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Inter new mailing address, if applicable:	09 A
Mailing address MAY BE A POST OFFICE BOX)	
	
d. If amending the registered agent and/or registered office acceptance and/or the new registered office address here:	ddress on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strvet address
	imer i arian savet anaess
	Florida
Cit	v Zin 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>	<u>Address</u>	Type of Action
AMBR	Rochelle Diaz	10718 Beagle Run Place, Tampa, FL 33626	B Add
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			☐ Change
			Difference Control of the control of
			Par Ognad
			□ Change
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			□ Change
			Add
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