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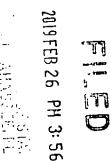
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Office Use Only



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C. GOLDEN

MAR - 5 2019

## **COVER LETTER**

| SUNSTAT                     | E HEALTH, LLC                                |   |   |
|-----------------------------|--|---|---|
| Sobstice.                   | Name of Lin                                  | nited Liability Company   |   |
| The enclosed Articles of    | Amendment and fee(s) are sub                 | omitted for filing.   |   |
| Please return all correspo  | ondence concerning this matter               | to the following:   |   |
|                             | Alejandro F Torres Canet                     | y   |   |
|                             | <del></del>                                  | Name of Person  | <del></del>   |
|                             | SUNSTATE HEALTH, L                           | LC  |   |
|                             |  | Firm/Company  |   |
|                             | 1910 E Palm Ave # 10108                      | 3   |   |
|                             |  | Address   | <del></del>   |
|                             | Tampa, FL 33605                              |   |   |
|                             | Alex.Torres@sshtl.com                        | City/State and Zip Code   |   |
|                             | E-mail address:                              | to be used for future annual report notif                           | ication)  |
| For further information c   | oncerning this matter, please c              | all:  |   |
| Alejandro F Torres Canety   |  | 813 863-1299<br>at ( )  |   |
| Name o                      | f Person                                     |   | 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

FILED

SUNSTATE HEALTH, LLC

2019 FEB 26 PH 3: 56

| (Name of the Lim   | (A Florida Limited   | Liability Company)   | ALLAHASSEE, FI                                |
|--|--|--|---|
| he Articles of Organization for this Limited I<br>forida document number <u>L18000266692</u>   | Liability Company  | were filed on NOVEMBER 14, 2018  |   |
| nis amendment is submitted to amend the fol  | lowing:  |  |   |
| . If amending name, enter the new name   | of the limited liab  | pility company here:   |   |
| ne new name must be distinguishable and contain the  | words "Limited Liah  | ility Company," the designation "LLC" or the   | abbreviation "L.L.C."                         |
| nter new principal offices address, if appli   | cable:   | 1910 E Palm Ave # 10108  |   |
| Principal office address MUST BE A STRE.   |  | Tampa, FL 33605  |   |
| nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  . If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:  | l/or registered o  |  | <del> </del>                                  |
| New Registered Office Address:   | 1910 E Palm /  |  |   |
| <del></del> :- <del>-</del> -  |  | Enter Florida street address   |   |
|  | Tampa  | , Florida  | 33605   |
| ew Registered Agent's Signature, if changing   | Desistened Asset   |  | Zip Coae                                      |
| hereby accept the appointment as register provisions of all statutes relative to the propose the obligations of my position as region in the property filed to merely reflect a change in the company has been notified in writing of this | ed agent and agr<br>per and complete<br>fistered agent as<br>registered office | ee to act in this capacity. I further of performance of my duties, and I amprovided for in Chapter 605, F.S. O | n familiar with and<br>r, if this document is |
|  | If Cha   | nging 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          | Alejandro F Torres Canety |  |                |
|              |                           | <del></del>                                | ☐ Remove       |
|              |                           | 1910 E Palm Ave # 10108 Tampa.<br>FL 33605 | ■ Change       |
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|          |   |                  |                |               |   |  |  |                         |
| Note:    | ve date, if other the date is listed, the listed the date inserted ent's effective date | in this block do | oes not meet t | he applicable | te of filing or mor<br>statutory filing | e than 90 days aft<br>requirements, th | tional)<br>er filing.) Pursuant i<br>nis date will not b | o 605,020<br>e listed a |
|          | ord specifies a<br>90th day after   |                  |                | , but not ar  | effective tir                           | ne, at 12:01                           | a.m. on the $\epsilon$                                   | arlier o                |
| (0) 1110 | r 1 21  |                  | 20             | )19           |   |  |  |                         |
|          | February 21   |                  |                |               |   |  |  |                         |
| Dated    | February 21   |                  | · _            |               |   |  |  |                         |
|          | rebruary 21   | 1. 2             | 16             | 2             | Trepresentative o                       | Ca murikus                             |  | <del></del>             |

Page 3 of 3

Filing Fee: \$25.00