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COVER LETTER

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Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: Elig	te Medica	L Center of	Volusia LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tina Z	Name of Person	
	Elite Mi	edical Cen	Hr.
	733 Dur	1/au) ton Ave	c. Suite 101
	Port Or	anar Fl. 3	32127
	tinazifa	City/Stay and Zip Code CG 19173 D 9N	rail. com
For further information e	E-mail address: (to be used for tuture annual report from	fication)
TLNA Z	f Ferson	at (<u>386)</u> <u>310</u> Area Code Davtim	e Telephone Number
		·	·
Enclosed is a check for the	he 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		Stand Addan	
Registration S		Street Address: Registration Sec	ction
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•
EAL DOX DAY		I DE L'EDITE AT I	AUAUASSPP

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Medical Center of Volusia 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 Florida document number 1900086644	were filed on 4/3/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the liability of the new name of th	Iness Center LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	: 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
Non- Designand Agent's Signature of sharping Designand Agent	

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 =	Ma	ma	ger

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Remove
		. 	Change
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Page 2 of 3

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Filing Fee: \$25.00