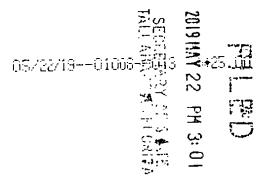
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## COVER LETTER

TO:	Registration Se- Division of Cor			
CHDII		altheare Solutions, LLC		
SUBJ	ECT:	Name of Limited	1 Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are submi	tted for filing.	
Please	return all correspo	ndence concerning this matter to	the following:	
		Jason Hodge		
			Name of Person	
		Inspired Healthcare Solutions	s. LLC	
			Firm/Company	1
		1763 NE 25th Terrace		
			Address	
		Jensen Beach FL, 34957		
		The second secon	City/State and Zip Code	
		IHSLLC2019@gmail.com		
		E-mail address: (to l	be used for future annual report notifica	ition)
For fu	rther information ed	oncerning this matter, please call:		
Jason	Hodge		585 356-2306	
Name of Person			Area Code Daytime T	elephone Number
Enclos	sed is a check for th	e following amount:		
<b>■</b> \$2	5.00 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)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inspired Healthcare Solutions, LLC	
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
(A Fiora	a Diffice Elability Company)
The Articles of Organization for this Limited Liability (	Company were filed on 4/4/2019 and assigned
Florida document number L19000093446	<del> </del> -
This amendment is submitted to amend the following:	
This are the first the fir	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
	2019 ALC:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	75 77
	22
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the ne
registered agent and/or the new registered office add	
	15-
Name of New Registered Agent:	
Talle of the Megistered Figure	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:
, , ,	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and
• • • • • • • • • • • • • • • • • • • •	igent as provided for in Chapter 605, F.S. Or, if this document is
	ed 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
	The state of the s

Page 1 of 3

MGR = 1 AMBR =	Manager Authorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	Jason Hodge	1763 NE 25th Terrace, Jensen Beach FL, 34957  ■ Add
		□ Remove
		Change
		□ Add
		Remove
		Change
		Remove
		Change
		Add C
		Change
		Remove
		Remove
		□ Change

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effective date is left. If the date in	other than the listed, the date mu- nserted in this bl we date on the D	st be specific and lock does not n	cannot be pri	icable statutory	or more than 90 d filing requireme	_ (optional lays after filin ents, this dat	g.) Purs	suant to 6 not be li	605,02 isted
	fies a delayed after the rec		ate, but r	ot an effecti	ve time, at 1	2:01 a.m	, on t	he ear	lier
ed	5/17/19	Í/		(/l	<i>~</i>				
		Signature of a r	nember of au	horized represent	ative of a member	<u>.                                    </u>			
		/		1					
Jason H	lodge			nted name of sign					

Page 3 of 3

Filing Fee: \$25.00