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September 23, 2020

FLORIDA DEPARTMENT OF STATE

COMPREHENSIVE CARE PARTNERS, LLC Division of Corporations

P.O. BOX 311

JACKSONVILLE, FL 32258US

SUBJECT: COMPREHENSIVE CARE PARTNERS, LLC

REF: L19000097277

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Yasemin Y Sulker Regulatory Specialist III

FAX Aud. #: H20000330082 Letter Number: 420A00018298

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Comprehensive Core Parimers, 14,00

(Name of the Lim	ited Fiability Comm (A Plorida Linuted	ane as it now appears or trability Company)	our cerordy.)	(ب
The Articles of Organization for this Limited I Florida document number 1.1900007277	Liability Company			med
this amendment is submitted to amend the following				
A. It amending name, enter the new name of	f the limited ligh	ility company here:		
The new reasonment be distinguishable and contain the s	sonis "Einmed Lizhi	ny Company," the design	action "Lhe" or the appreviation "Lil.	
Enter new principal offices address, if applicable:		303 Quait Point Drive		
(Principal office address MUST BE A STREET ADDRESS)		Ponte Vedra Beach.	Florida 32082	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or rangent and/or the new registered office address Name of New Registered Agent:	egistered office a	uldress on our recor	DOX 311 VEORA BEACH DA, 32004 ds. enter the name of the new r	
New Registered Office Address:		Di	rette - Late religion of 1 1 1 2 Arrent references accounts to the security of	
Adjusted Connect Adjusts.	303 Quari Point Dr. Face Floralist reet addiess			
	Ponte Vedra Be	ach	Florida <u>32082</u> Zip Cale	
New Registered Agent's Signature, if changing I		City.	Vip Code	
hereby accept the appointment as registeres were sount of all statutes relative to the prope were the abligations of my position as regi- wing filed to mereby reflect a change in the reampany has been notified in writing of this (d agent and agre or and complete p stered agent as p registered office t	performance of my . roylded for in Chap	litties, and Lain favillar with a ter 605 F.S. Ov. it this docume	

H Changing Registered Agent, Signature of New Registered Queen

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	Melissa M. O'Quin	14908 Garth Pond Circle	🗀 Add
		Jacksonville, Florida 32258	≅ Remove
			□Change
			□Add
			DRemove
		☐ Change	
		🗆 Add	
		- <u></u>	□Remove
		□ Change	
		⊡Add	
			Remove
	•		
			□Add
			Remove
			□ Chaлge
			□ Add
			Remove
			□ Change

Typed or printed name of signer

Marvin C. Kloeppel, as Authorized Representative