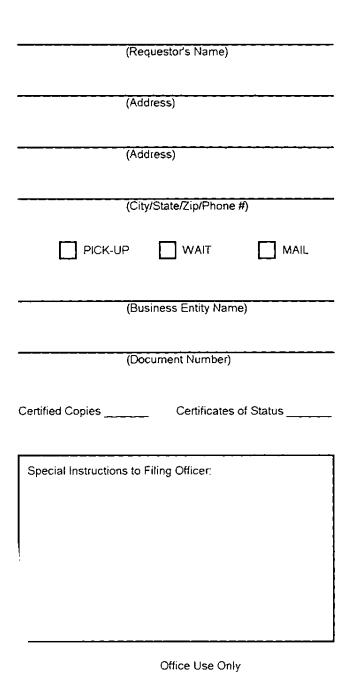
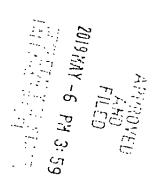
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COVER LETTER

TO: Registration Division of C				
CCM HI	EALTH SOLUTIONS LLC			
SUBJECT:	Name of Lin	nited Liability Company	4	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	RICHARD S MULLER			
		Name of Person		
	ISLANDER ACCOUNTE	NG LLC		
		Firm/Company		
	1127 S PATRICK DRIVE	E, UNIT 3	20	
		Address	2019 HAY -6	2
	SATELLITE BEACH, FL 32937			
	islanderaccounting@cfl.rr.c	City/State and Zip Code islanderaccounting@cfl.rr.com		
	E-mail address:	to be used for future annual report notif	ication)	
For further information	n concerning this matter, please c	all:		
RICHARD S MULLE	R	321 600-0840 at ()		
Nam	e of Person		Telephone Number	
Enclosed is a check for	r the 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)	
Regi	ILING ADDRESS: stration Section sion of Corporations	STREET/COURII Registration Section Division of Corpora	1	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

CCM HEALTH SOLUTIONS 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 were filed on APRIL 15 2019 and assigned Florida document number L19000102671 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
MGR	CAMDEN B DRAKE	458 WILSON AVENUE SATELLITE BEACH,FL 32937	■ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	he applicable statuto	ing or more than 90 days af		
f the record specifies a delayed effective date, (b) The 90th day after the record is filed.	, but not an effec	tive time, at 12:01	a.m. on the ea	rlier of:
Dated,,				
		entative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00