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Division of Corporations

Fax Number : (850)617-6383

From:

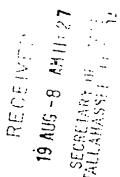
Account Name : CS SUNBIZ, LLC Account Number : I20040000164 Phone : (407)691-5600

Fax Number : (407)691-5620

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: KWHITE@AHG-GROUP.COM

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAZIEL HEALTH, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAZIEL HEALTH, LLC	
(Name of the Limited Liability (A Florida Liability)	Company as it now appears on our records.) united Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L19000117792</u>	ipany were filed on May 1, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES	<u>SS)</u>
	2018
Enter new mailing address, if applicable:  (Muiling address MAY BE A POST OFFICE BOX)	AUG PH PH
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	red office address on our records, enter the frame of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 2φ Code
Nam Danistavad Anant's Signature if changing Registered A	Agent:

## New Registered Agent's Signature, il 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

Page 1 of 3

'19-08-08 08:10 FROM- and toshiba 4076915620 T-017 P0003/0004 F-342 (((n) 19000250213 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	AHG MANAGER, LLC	700 W Morse Boulevard	
		Suite 220	■ Remove
		Winter Park, Florida 32789	D Change
MGR	JEFFREY GRUEN	700 W Morse Boulevard	<b>∃</b> Add
		Suite 220	
		Winter Park, Florida 32789	Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic occument's effective date on the Department of State's records.  e record specifies a delayed effective date, but no The 90th day after the record is filed.	able statutory filing	g requirements, this (	date will noi	i be listed a
The Bulli day after the record is theo.				
ated AUGUST TI 2019				
John John John John John John John John				
- 100 WO	orized representative	of a member		_
Signature of a member or author				

Page 3 of 3

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