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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

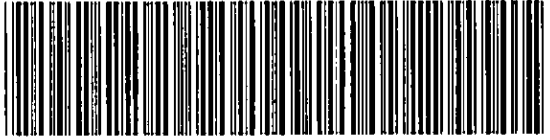
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

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Y. SUKTER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** First Step Healthcare LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel, Doucette  
Name of Person

First Step Healthcare LLC  
Firm/Company

4 Cedarfield Ct.  
Address

Palm Coast, FL 32137  
City/State and Zip Code

Healthranger88@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel, Doucette at (386) 916.9488.  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

First Step Healthcare 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 May 16, 2019 and assigned  
Florida document number L19000132236

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

First Step Healthcare LLC

(No change)

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**)

4 Cedarfield Ct,  
Palm Coast, FL 32137

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

SAME NO CHANGE,  
EXCEPT E TO A IN  
Cedarfield Ct.

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:

Daniel Doucette

New Registered Office Address:

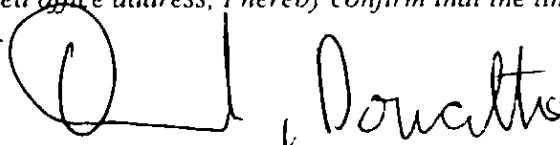
4 Cedarfield Ct:

Palmcoast, Florida

32137

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>	<u>Address</u>	<u>Type of Action</u>
	Danny Doucette	<del>4 Cedar f.</del>	<input type="checkbox"/> Add
	SAME PERSON	4 Cedar field	<input type="checkbox"/> Remove
		Palm Coast, Fl. 32137	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Daniel, Doucette	4 Cedar field St,	<input checked="" type="checkbox"/> Add
		Palm Coast, Fl.	<input type="checkbox"/> Remove
		32137	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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