## 49000 132289

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## **COVER LETTER**

то:	Registration Se Division of Cor				
CTID II	ect.	Sanctuary	Healthcare LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Margaret Savoia	·	
			Name of Person		
		;	Sanctuary Healthcare LL	C	
			Firm/Company		
110 Front Street, Suite 300					
	Address				
	Jupiter, FL 33477				
	City/State and Zip Code mesavoia@gmail.com				
		E-mail address: (	to be used for future annual report notif	fication)	
For fu	rther information c	oncerning this matter, please ca	ail:		
	Marga	ret Savoia	at ( 917 ) 601 40	110	
	Name o	f Person		e Telephone Number	
Enclos	ed is a check for the	ne following amount:			
<b>EB</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)	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

•	Healthcare LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000132289</u>	any were filed on	05/15/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		n our records, <u>ent</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	
	City	,31 <b></b> _	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		

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

Title	<u>Name</u>	Address	Type of Action
MGR_	John David DelPonti Jr.	6404 SE Brandywine Court, Apt. 203	_t <b>X</b> Add
		Stuart, FL 34997	Remove
			□ Change
			□ Add
			□ Remove
		,	Change
			□ Add
			Remove
		<del></del>	_□ Change
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Note:	tive date, if othe flective date is listed. If the date inserte nent's effective da	ed in this block do	es not meet the ap	plicable statutory filin	option2 ore than 90 days after fili g requirements, this da	al) ng.) Pursuant to 605.0207 (3) te will not be listed as the
	cord specifies e 90th day afte			not an effective t	ime, at 12:01 a.m	n. on the earlier of:
Dated	July		20	<u>20</u>		
			////			

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Typed or printed name of signee

Filing Fee: \$25.00