L19000172431

8/5/2019 Division of Corporations

Florida Department of State
Division of Corporations
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(((H19000233117 3)))

H190002331173ABC.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDS SOLUTION HEALTH GROUP OF LUTZ, LLC

Certificate of Status	0
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K SALY
AUG 15 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H19000233117 3
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19 AUG 14 AM 12:50
TALLAHASSEE, FLORIDA

MEDS SOLUTION HEALTH GROUP OF LUTZ, 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 July 2, 2019 and assigned Florida document number L19000172431.

This amendment is submitted to amend the following:

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

MedSolutions Health Group of Lutz, LLC

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)

24650 STATE ROAD 54
LUTZ, FL 33559

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

24650 STATE ROAD 54
LUTZ, FL 33559

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: 24650 STATE ROAD 54
Enter Florida street address

LUTZ, **Florida** 33559
City *Zip Code*

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 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 ad or removed from our records:

H19000283073

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary)*

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E. **Effective date, if other than the date of filing:** _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated August 5, 2019.

X _____
Signature of a member or authorized representative of a member

Stephen T. Hess
Typed or printed name of signee

Filing Fee: $25.00

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2. **Effective date.** If other than the date of filing: _____ (optional)
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) [illegible] days after the record is filed.

Dated August [illegible] 2019

[illegible]
Signature of member or authorized representative of member

[illegible]
Typed or printed name of signer

Filing Fee $35.00