L19000178953

(Requestor's Name)
(Address)
(Address)
(National)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiliess Elluty Name)
(Document Number)
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COVER LETTER

Division of Corp						
ThePeopleX SUBJECT:						
SUBJECT:		ited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub	emitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	Michael Harb					
		Name of Person				
	Sterling Health Advisors					
		Firm Company				
1	6600 University Parkway,	6600 University Parkway, Suite 303				
		Address				
	Sarasota, FL 34240					
		City/State and Zip Code				
	mharb@synthasys.com	to be used for future annual report no				
For further information ec	ncerning this matter, please c		meanon)			
Michael Harb		941 773-0239				
Name of	Person		ne Telephone Number			
Enclosed is a check for the	e following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certuicate 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		Street Address:				
Registration S Division of Co		Registration Se Division of Co				
P.O. Box 6323	-	The Centre of				
Tallahassec. F	L 32314	2415 N. Monro	pe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ThePeopleX

The Articles of Organization for this Limited Liability	Commany	07/11/2010			
Florida document number 1,19000178953	Company ——·	were filed on 0//1/2019		_ and assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lir	mited liab	ility company here:			
Sterling Health Advisors LLC					
The new name must be distinguishable and contain the words "Li	imited Liabil	ity Company." the designation	"LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:		6600 University Parkway			
Principal office address MUST BE A STREET ADD	DRESS)	Suite 303			
		Sarasota, FL 34240			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6600 University Parkway			
		Suite 303			
	Sarasota, FL 34240				
3. If amending the registered agent and/or register agent and/or the new registered office address here: Name of New Registered Agent: Mich.		nddress on our records. <u>e</u>	nter the name	of the new register	
New Registered Office Address: 6600) University	Parkway, Suite 303			
	Enter Florida street address				
Saras	sota		Florida <u></u>) :::	
Yew Registered Agent's Signature, if changing Register				Zip Code	
hereby accept the appointment as registered agen				<u> </u>	

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>	Name	<u>Address</u>	Type of Action
AMBR	Domenica Van Dyke	7711 Latrobe Court	≨Add
		Lakewood Ranch, FL 34202	□Remove
			□Change
AMBR	Michael Harb	7711 Larrobe Court	□ Add
	1	Lakewood Ranch, FL 34202	🗀 Remove
	,		■ Change
AMBR	Alexandra Harb	8017 Waterview Blvd	■Add
		Lakewood Ranch, FL 34202	🖾 Remove
			□Remove
			L Change
	<u> </u>		UAdd
			URemove
			Change
			
		·	□Remove
			TChange

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ecord specifies : is filed.	a delayed effective	date, but not	an effective tir	ne, at 12:01 a.n	n, on the earlier c	of: (b) The 900	h day after the
October 27	4		2021				
ted				_ ·			•
	${s}$	ignature of a r	nember or author	rized representati	ve of a member		