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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 01/17/2022

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Name:	Bridge Healthcare USA, LLC	
Document #:		
Order #:	14730330 - 1	
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Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00	

Thank you!

COVER LETTER

TO:				
SUBJE		HEALTHCARE USA, LLC		
501015	···	Name of Lin	nited Liability Company	
		Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arn all correspondence concerning this matter to the following: Julian Sansano Name of Person Lathrop GPM LLP Firm/Company 2345 Grand Blvd Suite 2200 Address Kansas City. Missouri 64108 City/State and Zip Code julian.sansano@lathropgpm.com E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: nsano at (
		Lathrop GPM LLP		
			Name of Limited Liability Company Sec(s) are submitted for filing. g this matter to the following: O Name of Person I LLP Firm/Company Slvd Suite 2200 Address Missouri 64108 City/State and Zip Code @lathropgpm.com mail address: (to be used for future annual report notification) Itter, please call: at (785	
		Name of Person Lathrop GPM LLP Firm/Company 2345 Grand Blvd., Suite 2200 Address Kansas City, Missouri 64108 City/State and Zip Code julian.sansano@lathropgpm.com		
		 	Address	
		Kansas City, Missouri 64	108	
		Firm/Company 2345 Grand Blvd., Suite 2200 Address Kansas City, Missouri 64108 City/State and Zip Code julian.sansano@lathropgpm.com E-mail address: (to be used for future annual report notification)		
				notification)
For furt	her information o	concerning this matter, please c	rall:	
Julian S	iansano		at (
	Name o	of Person	Area Code Da	ytime Telephone Number
Enclose	d is a check for t	he following amount:		
\$ 25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JAN 17 AM 9: 03

BRIDGE HEALTHCARE USA, LLC

SECRETARY OF STATE TALLAHASSEE. FL

(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 w	vere filed on August 1, 2	019	_ and assigned
Florida document numberL19000186612			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
BH USA, LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ac	ldress on our records	enter the name o	f the new registered
agent and/or the new registered office address here:	idi caa on our recorda, s	enter the hame o	Title new registeree
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street	address	
		. Florida	
	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 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 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>	Address	Type of Action
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Effective date, if other than the content of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific and cannot be pric ck does not meet the appli	cable statutory filing req	(optional) nan 90 days after filing.) Pu quirements, this date wil	irsuant to 605.0207 (I not be listed as t
e record specifies a delayed effective d is filed.	date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 9	0th day after the
Dated January 13	. 2023			
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- Kil	signature of a member or aut	norized representative of a	member	

Filing Fee: \$25.00