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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: New Horizons Family Practice, 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:

Kerry Barasatie

Name of Person

New Horizons Family Practice, LLC

Firm/Company

609 Virginia Drive

Address

Orlando, FL 32803

City/State and Zip Code

kerry@agreenrelief.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerry Barasatie

407

247-8474

at (_____) _____

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
New Horizons Family Practice, LLC
L19000197569

FIRST:

The date of filing of the articles of organization was August
2nd, 2019.

SECOND:

Article IV concerning the name and address of
person(s) authorized to manage the Limited Liability Company
shall be changed to:

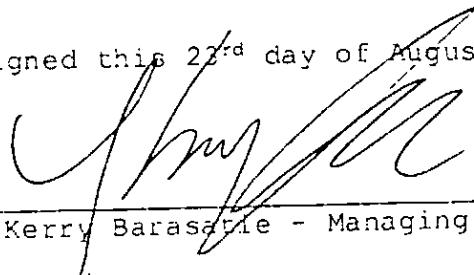
MGRM Kerry Barasatie
1962 N John Young Parkway
Kissimmee, FL 34741

THIRD:

The date of the adoption of this Amendment is the 23rd day of
August, 2019.

FOURTH:

Signed this 23rd day of August, 2019.



Kerry Barasatie - Managing Member

2019 NOV 15 11:03:59