L19.000198328

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
. (Do	ocument Number))
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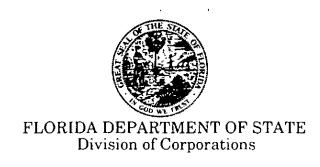


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Marend.



October 28, 2019

JILL DAMON 1213 RIBBON RD ST JOHNS, FL 32259

SUBJECT: FORDAM HEALTH, LLC

Ref. Number: L19000198328

We have received your document for FORDAM HEALTH, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 219A00022233

COVER LETTER

TO: Registration Division of C			
	Health, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
	pondence concerning this matter	_	
	Jill Damon		
	Fordam Health, LLC	Name of Person	
	1213 Ribbon Road	Firm/Company	
	St Johns, FL 32259	Address	
	Jill@fordamhealth.com	City/State and Zip Code	
For further information	E-mail address: (to be used for future annual report no	xtification)
Jill Damon		801 6616005	
Name	of Person		me 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)
Regi	ELING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fordam Health, LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records ed Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability Compa	eny were filed on August 5th, 2019	and assigned
lorida document number L19000198328		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		के देशी
nter new mailing address, if applicable:		
Agiling address MAY BE A POST OFFICE BOX)		<u>က် ညီ</u>
		□ ¥
. If amending the registered agent and/or registered egistered agent and/or the new registered office address l		, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:	C. Fl.:	
	Enter Florida street address	;
		orida
	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
Mgrm	Lee Forster		5
		3693 Wexford Hollow Road East	Add
		Jacksonville, FL 32224	■ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Remove
			□ Add
			□ Remove
			Change

•	
E. Effec	tive date, if other than the date of filing: (optional)
(If an e <u>Note</u>	ffective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docu	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
ъ.	August 5th 2019
Date	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00