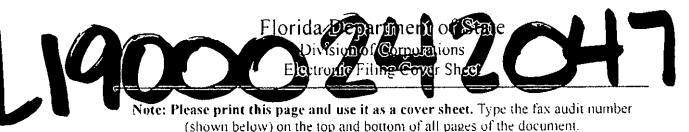
10/8/2020

Division of Corporations



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXOTIC PROFESSIONALS UNITED LLC

Enter the email address for this business entity to be used for future

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COVER LETTER

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UBJECT:	Name of Limi	ted Liability Company		·
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he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
lease return all corresp	ondence concerning this matter (to the following:		
	Chevenne Moseley	ee groot in the second		
		Name of Person		
	Legalzoom.com, Inc.			•
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	404 N Brand Blvd 44th Fl	•	·	
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	antonette@justgettested.org	City/State and Zip Code		
ar further information	E-mail address: (I concerning this matter, please ca	to be used for future annual rep	oit notification)	
Theyenne Moseley	Concerning this matter, freeze of	800 773-0		
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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 cruclos		\$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

Page 4 of 6 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Buren Health LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	EXOTIC PROFESSIONALS UNITED LLC			•	
Florida document number 1.19000242047 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Buren Health LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the naregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida	Name of the Limited Liability Comp (A Florida Limited	any as it now apa Lability Compan	ears on our rec y)	ord <u>(</u>)	· · · · · · · · · · · · · · · · · · ·
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Buren Health LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records; enter the name of the naregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	This amendment is submitted to amend the following:		•		
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Thereby recent the apprintment as registered agent and surve to act in this conscient I further gove to comply with the	New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
	Though a good the annimument as registered agent and an	ree to act in th	is canacity 1	further aon	e to comply with th

provisions of all stanues 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

Page 5 of 6

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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			Add
			□ Remove
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To:

Page 3 of 3

Antonette DeCrescenzo

Filing Fee: \$25.00

Typed or printed name of signer