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## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations		
	YOU, HEALTH CARE NETV	WORK, LLC	
3003ECT	Name of Lu	mited Liability Company	
···			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	GILBERT JEAN LOUIS		
		Name of Person	
	CLINIC 2 YOU, HEALT	H CARE NETWORK, LLC	
		Firm/Company	
	6692 WAVERLY LANE		
		Address	<del>, ,</del>
	LAKE WORTH , FLORI	OA 33467	
		City/State and Zip Code	
	GJEANLOUIS2@GMAIL		
	E-mail address; (	to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
GILBERT JEAN LOUI!		561 667-4082 at ( )	
Name c	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address:	aution
Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLINIC 2 YOU, HEALTH CARE NETWORK, LLC	-	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>08/04/2020</u>	and assigned
florida document number L.20000025587		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
LINIC 2 YOU, HEALTH CARE NETWORK LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		7.000
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Samuel 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		P .
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	Address	Type of Action
AMBR	EDZER DESARMES	11451 SILK CARNATION WAY	□Add
		ROYAL PALM BEACH, FL 33411	Remove
			□ Change
			□Add
			□Remove
		<del></del>	□ Change
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effective date is listed, the date				filing.) Pursuant to 605,0207 date will not be listed as
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