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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICAN CHOICE HEALTHCARE, LLC

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DATE OF 10/09/2020

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October 12, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AMERICAN CHOICE HEALTHCARE, LLC 9725 NW 117TH AVE, SECOND FLOOR MIAMI, FL 33178

SUBJECT: AMERICAN CHOICE HEALTHCARE, LLC

REF: L20000056101

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 020A00020002

FAX Aud. #: H20000353109

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

AMERICAN CHOICE HEALTHO	ARELLC			
(Name of the Limit	ted Liability Compa- (A Florida Limited U	ny as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number L20000056101	iability Company	were filed on 8/19/20	20 and assign	ed
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the s	words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9725 NW 117TH A	VE STE 200	
		MEDLEY FL 33178		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	: <u>BOX)</u>		88 07 001 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	Mice address on o	ir records, enter the name of	the new
Name of New Registered Agent:	ATION SYSTEM		 6 —	
New Registered Office Address:	1200 SOUTH	1200 SOUTH PINES ISLAND ROAD Enter Florida street address		
	PLANTATIO:		Florida ³³³²⁴	
		City	Zıp 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.

Kimberly Laughrey, Assistant Secretary
If Changing Degistered Agant, 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

Title	Name	Address	Type of Action
MGR	ALEXANDER HEINTZ	9725 NW 117TH AVE STE 200	
· .		MEDLEY FL 33178	D Remove
	·		
AMBR	DAVID ARMSTRONG	9725 NW 117TH AVE STE 200	_ □ Add
		MEDILEY FL 33178	
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
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Effective date, if other If an effective date is listed, the Note: If the date inserted document's effective date	ie date must be specific in this block does n	e and cannot be prior to not meet the applica	o date of filing or more ble statutory filing re	(optional) than 90 days after filing.) (quirements, this date w	Pursuant to 605,0207 fill not be listed as
he record specifies a The 90th day after	delayed effective the record is file	/e date, but not ed.	an effective tim	e, at 12:01 a.m. o	n the earlier o
Dated 10/8		2020			
Dated		··	 '		

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Typed or printed name of signee

Filing Fee: \$25.00

DAVID ARMSTRONG