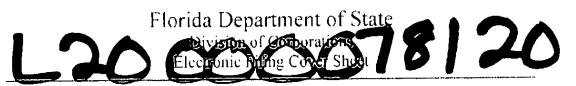
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Division of Corporations



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Division of Corporations

fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 Phone : (954)208-0845

: (614)573-3996 Fax Number

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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JUN 1 4 2022

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

From: Lexus Wingo

Enhanz DCE, LLC				_		
(Name of the Limited L. (A F	a bility Compa Iorida Limited	ny as it now appears on our Liability Company)	records,)			
The Articles of Organization for this Limited Liabil Florida document number <u>L20000078120</u>	ity Company	were filed on 03/10/2020	and:	assigned		
This amendment is submitted to amend the following	ıg:					
A. If amending name, enter the new name of the	limited liah	ility company here:				
CenterWell Accountable Care, LLC						
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	a "LLC" or the abbreviation	"L.L.C."		
Enter new principal offices address, if applicable	·:	500 West Main Street	<u></u>	2022		
(Principal office address MUST BE A STREET A		Louisville, KY 40202		<u>=</u>		
Enter new mailing address, if applicable:		500 West Main Street	~ ·			
(Mailing address MAY BE A POST OFFICE BO)	<u>V)</u>	Louisville, KY 40202		 _		
				<u>. </u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he	itered office ere: T Corporatio		enter the name of the	<u>new registere</u>		
Name of New Registered Agent.	····					
New Registered Office Address:	200 SOUTH	PINE ISLAND ROAD Enter Florida street	anddress			
P	lantation	12. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Florida <u>33324</u>	da 33324		
<u>-</u>		City	Zip Co	rde		

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

From: Lexus Wingo

MGR = Manager AMBR = Authorized Member

To:

Title	<u>Name</u>	Address	Type of Action
MGR	SCHNUR, STEVEN A, DR	1700 79TH ST CAUSEWAY, SUITE 120	🗆 Add
		NORTH BAY VILLAGE, FL 33141	\equiv \equ
			Change
MGR	KRICHMAR, PERRY, DR.	1700 79TH ST CAUSEWAY, SUITE 120	🗀 Add
		NORTH BAY VILLAGE, FL 33141	=Remove
			Change
MGR	Echo Primary Care Holdings, LLC	500 West Main Street	■Add
		Louisville, KY 40202	□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
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From: Lexus Wingo

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Dated	2022	1.		
		mall		
	Signature of a member or author	zed representative of a mem	ber	

2022-06-13 13:57.06 CST

Typed or printed name of signee