## 120000102442

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## **COVER LETTER**

	Registration Se Division of Co			
ero re		Health Network, LLC	•	
SUBJEC	.1:	Name of Lin	nited Liability Company	·
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	·	
		Gabriel Raul Suarez		
			Name of Person	
		Covalent Health		
			Firm/Company	
		5000 SW 75th avenue		
		<u> </u>	Address	- · · · · · · · · · · · · · · · · · · ·
		Miami, FL 33155		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification)
For furth	er information o	concerning this matter, please c	all:	
Gabriel S	Suarez		786 2000396	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for the	he 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)
	Mailing Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Corporations		
	P.O. Box 632 Tallahassee,		The Centre of	
	i alialiassee,	CL 34314	2413 IN. MORE	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crossroads Health Network, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000102442	were filed on <u>4/14/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Covalent Wellness, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5000 SW 75th avenue	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33155	
		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u> i	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my dutie. provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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
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			□Remove
			☐ Change
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. Effective date, if	other than the date of f	lling:	(optional)	
. Effective date, if	other than the date of f.	illing:	er that ' <sup>40</sup> days after (d <b>ing</b> )	Parsand to 1925 H207 (1) ch
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BLUNCTURE PLORIBL



Name: Dr. Gabriel Suarez Address: 13132 SW 5 Street Miami, Fl 33184 Phone number: 786-200-0396

Hours of operation: 8am-5pm EST