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COVER LETTER

| | stration Secti ion of Corpo | | , | • | , |
|-----------------|--------------------------------|--|--|----------------------|---|
| SUBJECT: _ | Oliveri Chirop | ractic LLC | · | • | |
| SOBJECT | | Name of Limi | ted Liability Company | | |
| | | N. | | | |
| The enclosed A | Articles of Ar | nendment and fee(s) are sub- | mitted for filing. | | |
| Płease return a | ill correspond | ence concerning this matter | to the following: | | |
| | | Connor Oliveri | | | |
| | | | Name of Person | | |
| | | Oliveri Chiropractic LLC | | | |
| | | | Firm/Company | | |
| | | 611 W. Bay Street, Suite 11 | 3 | | |
| | | | Address | | |
| | | Tampa, Florida 33606 | | | |
| | | | City/State and Zip Code | | |
| | | oliverichiropractic@gmail.c | om o be used for future annual | report notification) | |
| For further inf | ormation con | cerning this matter, please ca | | report notification) | |
| Connor Oliver | | outing this matter, presse of | | 3-4460 | |
| — Connor Onver | | | at () | Daytime Telepho | |
| | Name of P | erson | Area Code | Daytime Telephi | one Number |
| Enclosed is a c | check for the | following amount: | | | |
| □ \$25.00 Fil | ling Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc | | \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Maili | ing Address: | | Street A | ddress: | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Oliveri Chiropractic LLC | |
|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000110121}{1.0000110121}$. | were filed on April 22, 2020 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| Elevate Health LLC | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2111 W. Swann Avenue |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 104 55 202 |
| | Tampa, Florida 33606 |
| Enter new mailing address, if applicable: | 2111 W. Swann Avenue |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 104 |
| | Tampa, Florida 33606 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our records, <u>enter the name of the new reliste</u> |
| New Registered Office Address. | Enter Florida street address |
| | , Florida |
| | City Zin 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 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> | Name | Address | Type of Action |
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