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| (Re                                   | questor's Name)   |           |
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| (Cit                                  | y/State/Zip/Phone | e #)      |
| PICK-UP                               | ☐ WAIT            | MAIL      |
|                                       |                   |           |
| (Bu                                   | siness Entity Nar | ne)       |
| <b>,</b> —                            | ,                 | ,         |
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| (Lo                                   | cument Number)    |           |
|                                       |                   |           |
| Certified Copies                      | _ Certificates    | of Status |
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| Special Instructions to               | Filing Officer:   |           |
| Opecial instructions to               | i iiiig Onicer.   |           |
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Office Use Only

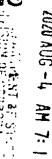


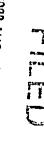
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S. YOUNG





## **COVER LETTER**

| Division of Cor            | porations                                 |   |  |
|----------------------------|---|---|--|
| SUBJECT: <u>Uni</u>        | ure Essentic<br>Name of Limi              | L Health Care   | ELLC   |
| The enclosed Articles of   | Amendment and fee(s) are sub-             | mitted for filing.  |  |
| Please return all correspo | ndence concerning this matter             | to the following:   |  |
|                            | Danita S                                  | Name of Person  |  |
|                            | Unique Es                                 | Sential Health  | Core U.C.  |
|                            | 1917 Gar                                  | Address   |  |
|                            | Lehigh Ac                                 | VCS FC 3393<br>City/State and Zip Code                              | مأد  |
|                            | 11 dim p 22<br>E-mail address: (1         | o be used for future annual report notifi                           | ication)   |
| For further information e  | oncerning this matter, please ca          | all:  |  |
| Canta :                    | Shel                                      | at ( <u>234</u> ) <u>839-7</u><br>Area Code Daytime                 | 069  |
| Name of                    | Person                                    | Area Code Daytime   | : Telephone Number   |
| Enclosed is a check for th | ne following amount:                      |   |  |
| □ \$25.00 Filing Fee       | S30.00 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) |
|                            |   |   |  |

Registration Section

TO:

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

Street Address: 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

| Whique Essenticul (Name of the Limited Liab   | Health Care i   | LC 電景                                    |
|---|---|--|
| (Name of the Limited Liab<br>(A Flori   | HCGHY) COYE L<br>ility Company as it now appears on<br>ida Limited Liability Company) | our records.)                            |
| The Articles of Organization for this Limited Liability   | Company were filed on   | 24/2020 and assigned                     |
| Florida document number 120001116   |   |  |
| This amendment is submitted to amend the following:   |   | u v                                      |
| A. If amending name, enter the new name of the lin  | mited liability company here:   |  |
| The new name must be distinguishable and contain the words "Li  | mited Liability 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 ADL  | DRESS)  |  |
|   |   |  |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |  |
|   |   |  |
| B. If amending the registered agent and/or register agent and/or the new registered office address here |   | ds, enter the name of the new registered |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  |   |  |
|   | Enter Florida s.  | treet address                            |
|   | City  | , Florida<br>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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | Address                     | Type of Action        |
|--------------|-------------------|-----------------------------|-----------------------|
| AMBIE        | DAnita S Wheeler  | 1917 Gardner Ave Laghygn    | 33936<br>_ (LAH)      |
|              |                   |                             | □Remove               |
|              |                   |                             | _ Change              |
| AMBIR        | Angela A Edison   | 1917 Gardner Are Lehigh Acr | 3393 6<br>S □ Add     |
|              |                   |                             | Remove                |
|              |                   |                             | _ DE Change           |
| MGR          | Devorge T Diggins | 1917 Gardner Arc Lehigh Har | 3357 <u>\</u><br>™Add |
|              |                   |                             | Remove                |
|              |                   |                             | _ □Change             |
|              |                   |                             | □Add                  |
|              |                   |                             | _ Remove              |
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| <u>Note:</u>    | cive date, if other than the date of filing: 5112620 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| reco<br>d is fi | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ded.   |
| Dated           | 7/5/2020   |