

L20 000 113 256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

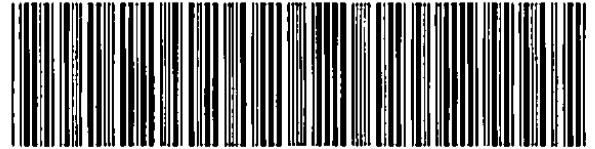
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 DEC 16 PM 2:50
CLERK OF STATE
JANUARY 1, 2021

JAN -5 2021

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2020

ALISSA RABIN
CSG HEALTH GROUP, LLC
303 EAST WOOLBRIDHT RD PO BOX 294
BOYNTON BEACH, FL 33435

SUBJECT: CSG HEALTH GROUP, LLC
Ref. Number: L20000113256

We have received your document for CSG HEALTH GROUP, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Florida Limited Partnership or Limited Liability Limited Partnership, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 520A00023482

2020 DEC 16 PM 12:33

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CSG Health Group, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alissa Rabin
Name of Person

CSG Health Group
Firm/Company

303 E. Woolbright P.O. Box 29
Address

Bounton Beach FL 33435
City/State and Zip Code

Alissa.SKLAVER@CSGHealthGroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alissa Rabin at (646) 246 1188
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

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

2020 DEC 16 PM 2:50
CLERK OF STATE
TALLAHASSEE, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CS6 Health Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Apr. 1, 2020 and assigned Florida document number 120000113256

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ruben butler	36 E. 35th	<input checked="" type="checkbox"/> Add
	<u>PLEASE ADD</u>	APT 11 B	<input type="checkbox"/> Remove
		NY NY 10016	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2008 DEC 16 PM 2:51
STATE OF NEW YORK
CLERK OF THE SUPREME COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 DEC 16 PM 2:51

E. Effective date, if other than the date of filing: 12/1/20 (optional)

(If an effective 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 (3)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

12/7/2020

Signature of a member or authorized representative of a member

17155A RAB, :
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00