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SECRETARY OF STATES
AND ANASSEE TO

COVER LETTER

ч TO:

	Registration Sec Division of Corp			
oun me	SCI FMO, I	LLC		
SUBJEC [*]	I:	Name of Limi	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Gregory P. Borgognoni		
		<u> </u>	Name of Person	
		Borgognoni Law, PL		
			Firm/Company	
		355 Alhambra Circle, Suit	e 1205	
			Address	
		Coral Gables, FL 33134	bles, FL 33134	
			City/State and Zip Code	
		gb@gbrflaw.com		
		E-mail address: (to be used for future annual report not	ification)
For furthe	er information co	oncerning this matter, please co	all:	
Gregory 1	P. Borgognoni		305 671-3323	
	Name o	l'Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration So	ection
	Division of C		Division of Co	rporations
	P.O. Box 632		The Centre of	
•	l'allahassee, I	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FII ED 2022 JUH 22 PM 12: 57

SCI FMO, LLC

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

		* '
The Articles of Organization for this Limited Liabil Florida document number L20000170567	lity Company were filed on 06/19/2020	and assigned
Florida document number	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
ActivHealthLink		
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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
	<u></u>	<u>.</u> - 1919
	<u> </u>	
	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regis	stered office address on our records, <u>enter</u>	the name of the new registe
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regis	stered office address on our records, <u>enter</u>	the name of the new registe
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regis	stered office address on our records, <u>enter</u>	the name of the new registe
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis	stered office address on our records, <u>enter</u>	the name of the new registo
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis agent and/or the new registered office address he have a Name of New Registered Agent:	stered office address on our records, <u>enter</u>	the name of the new registe
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regis	stered office address on our records, <u>enter</u>	
	stered office address on our records, <u>enter</u> ere:	· ·

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
		·	□Change
			□Add
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		-	
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a cument's effective date on the Department of State's rec	pplicable statutory filing i	(optional) e than 90 days after filing requirements, this date	.) Pursuant to 605.0207
ecord specifies a delayed effective date, but not an effect is filed.	ive time, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
06/21/2022 ted			
	 ·		
(Likono	~ ~·		_ _
Signature of a member or			

Typed or printed name of signee