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	Division of Cor	rporations	
	Fax Number	: (850)617-6383	
From:			
	Account Name	: ACCOUNTING REVENUE SERVICE, INC.	
			} }
	Phone	: (305)887-8730	≊
	Fax Number	: (305)887-8744	25 P
		s for this business entity to be used for futures ngs. Enter only one email address please.**	
Ema	il Address:		_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEVENICE HEALTH SERVICES LLC

Certificate of Status	0
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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H20000319341 3)))

SEVENICE HEALTH	SERVICES LLC	;	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears	on our records.)	<u>. </u>
The Articles of Organization for this Limited Liability Company Florida document number		08/31/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	e:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de-	signation "LLC" or the ab	breviation 'L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
		•	120
			2020 EEP 114 A.1
Enter new mailing address, if applicable:	•		
(Mailing address MAY BE A POST OFFICE BOX)			- 70
•		-	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our rec	cords, enter the name	e of the new register
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Florid	a street address	
<u> </u>		. Florida	·
	City	,	Zip Code
iew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as properties in the registered office a seing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of m rovided for in Ch	ly duties, and Lam fa anter 605 FS Or i	miliar with and Lithis document is

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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 (((H20000319341 3)))

Title	<u>Name</u>	Address	Type of Action
AMBR	MARCELO EKMEKDJIAN	7901 4TH ST N STE 300	□Add
		ST PETERSBURG, FL 33702	XIRemove
	•		Change
AMBR	CARLOS KISS	7901 4TH ST N STE 300	
	·	ST PETERSBURG, FL 33702	KDRemove
	•		□Change
MGR	BB200 AMERICAN GROUP LLC	16192 COASTAL HIGHWAY	Z Add
		LEWES, DELAWARE 11158	DRemove .
		· · · · · · · · · · · · · · · · · · ·	Change
			□ Add
			Remove
		<u>: : :</u>	□ Change .
· .			□Add
			□Remove
	`	:	Change
			□Add
			DRemove
			Change

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