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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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COVER LETTER

| Division of Cor | porations | | |
|----------------------------|--|--|---|
| SUBJECT: 4M | DOWS HEALTH Cen | tee //c | |
| | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | _//sac./. | Poolonu Name of Person | |
| | GMOONS L | Esth Center, 1/K | |
| | 754 Cm | illa ST E | |
| | Letigh Ac | Cles F/ 33774 City/State and Zip Code Co | |
| | 4moons Heol1 E-mail address: (| TO GMoil Com to be used for future annual report noti | fication) |
| For further information co | oncerning this matter, please c | | |
| MEAC! | <i></i> | at (239) 294 4 | 4848 |
| Name of | Person | Area Code Daytime | e Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| | □ \$30.00 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) |
| Mailing Address | : | Street Address- | |

TO:

Registration Section

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

| TYPONS HEALTH Cent. | | |
|---|---|--------------------------------|
| (Name of the Limited Liabii | ity Company as it now appears on our record a Limited Liability Company) | <u>ls.</u>) |
| | | |
| The Articles of Organization for this Limited Liability (| Company were filed on September C | 1, 2000 and assigned |
| Florida document number <u>L2000</u> 273165 | _· · | -2 TT |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | PH 1: 32 |
| The new name must be distinguishable and contain the words "Lin | nited 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 ADD | RESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | S |
| <u></u> | , Flo | orida |
| | 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 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> | Address | Type of Action |
|-------------|----------------|---------------------------------|--------------------|
| M6R | Misael Perdomo | 75 CAMILLA STE, LeHigh ALZA, F. | 33914 X Add |
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| cord sp | fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af | ter the |
| ed | ptenter 27 . 2020 | |
| | $V/V \sim$ | |
| | Simplify | |
| | Signature of a member or authorized representative of a member His act Pealom o Typed or printed name of signee | |