L20 000 274963

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COVER LETTER

TO: Registration So Division of Cor			
Subject: Subjectialty I	Health Care, LLC		
30Bit.C1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ghaith Mitri		
		Name of Person	
		Firm/Company	 _
	1415 1st Street North Apt	603	
		Address	
	Jacksonville Beach, FI, 32	250	
	ghaith.mitri@gmail.com	City/State and Zip Code	-
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	ıll:	
Ghaith Mitri		904 307-1789 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$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:
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

Specialty Heath Care, LLC		
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L20000274963	Company were filed on 9-03-2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Specialty Health Care of NE Florida, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021 00:
(Principal office address MUST BE A STREET ADI	DRESS)	8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FH 80
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the</u> <u>e</u> :	e name of the new registere
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	·	
	, Floric	da Zip Code
	******	e areas includes

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

It amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being_added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			☐ Change
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			□Remove
			□Change

fective date, if other than the date of filing: (optional) In 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 605.02 Interest in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. Ecord 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 field. September 30 2020 Considered a member or authorized representative of a member					
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