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(Requestor's Name)

(Address)

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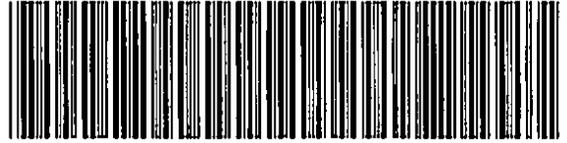
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inova Telehealth Solutions 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:

John Le Boeuf
Name of Person

Inova International
Firm/Company

228 Sharwood Drive
Address

Naples, FL 34110
City/State and Zip Code

j.leboeuf@inovainternational.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Le Boeuf at (239) 500-4500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Inova Telehealth Solutions 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 9/2/2020 and assigned Florida document number L20000279203.

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 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

RECORDED - 5
MAY 19 2016

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	John Le Boeuf	Inova Care	<input checked="" type="checkbox"/> Add
		4851 Tamiami Trail North, Ste 200	<input type="checkbox"/> Remove
		Naples, Florida 34103	<input type="checkbox"/> Change
AMBR	Charles Darling	DQCV Inc dba Arcis Health	<input checked="" type="checkbox"/> Add
		730 N. Post Oak Rd., Suite 202	<input type="checkbox"/> Remove
		Houston, Texas 77024	<input type="checkbox"/> Change
MGR	John Le Boeuf	228 Sharwood Drive	<input type="checkbox"/> Add
		Naples, Florida 34110	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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