Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number: 072720000036 : (407)843-4600

Fax Number : (407)843-4444 Attn: Tami D. Passley

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVANCED HEALTHCARE INTEGRATION, LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced Healthcare Integration, L		
(Name of the Limit	ed Liability Company as It now appears of (A Florida Limited Linbility Company)	m our records.)
The Articles of Organization for this Limited L. Florida document number L20000308636	ability Company were filed on Septe	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here	#
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	F. 2
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or regent and/or the new registered office address	egistered office address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:	Stephen C. Thomas, ESQ	
New Registered Office Address:	1901 S. Harbor City Blvd., Suite 600)
- 1971 Translation And Part House Wanger Page.	Enter Florida	r street address
	MELBOURNE, FLORIDA	, Florida ³²⁹⁰¹
	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

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>	Name	Address	Type of Action
MGR	Kelly Wey	445 PINEDA COURT, SUITE 101 MELBOURNE,	FL
			Remove
			Change
MGR	Thomas Lanman	445 PINEDA COURT, SUITE 101 MELBOURNE,	,FL 窗∧dd
			□Remove
			Change
			DAdd
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If an effective	ate, if other than th date is listed, the date m date inscried in this	ust be specific and	cannot be prior to d	ate of filing or more	(option than 90 days after fi	ling.) Pursuant t	o 605.0207 (e listed as t
document's	effective date on the	Department of St	ate's records.	. 0	•		
ne record spec ord is filed.	cifies a delayed effect	ive date, but not a	an effectiv e tim e,	at 12:01 a.m. on	the earlier of: (b)	The Day day	JUN
Dated	11		2021			IAR ASS	= =
Dated							FILED
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5	Stephen C. Thomas, E	ESO				, 	_