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MAY 27 2021 ALBRITTON

COVER LETTER

TO: Registration S Division of Co		A	
SUBJECT: Applied	Health, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Wendy C Ruple		
		Name of Person	
	Applied Health, LLC		
		Firm/Company	
	415 N Pine Ave		
		Address	
	Green Cove Springs, Flo	orida 32043	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	fication)
For further information	concerning this matter, please co	all:	
John E Ruple Jr		at (714) 654-9097	
Name	of Person	Area Code Daytime	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Applied Health, LLC

(Name of the Limited Liability Company as it now appears on our records.)

\ <u></u>	(A Florida Limited)	Liability Company)		
The Articles of Organization for this Limited I	Liability Company	were filed on Oc	ctober 2, 2020 and assigned o	
Florida document number L20000312375				
This amendment is submitted to amend the fol	lowing:		• •	
A. If amending name, enter the new name	of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the d	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		415 N Pine Ave		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
		Green Cove S	Springs, Florida 32043	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		415 N Pine Ave		
		Green Cove Springs Florida 32043		
B. If amending the registered agent and registered agent and/or the new registered of	office address her	<u>e</u> :	our records, enter the name of the new	
Name of New Registered Agent:	Registered Agents Inc.			
New Registered Office Address:	New Registered Office Address: 7901 4th St N STE 300			
		Enter Flor	ida street address	
	St. Petersb	urg	Florida <u>33702</u>	
		City	Zip Code	

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

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(If an eff	ive date, if other than the date of filing: March 9, 2021 (optional) ective 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 605.0207 (of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	March 9 2021
2 	Signature of a member or authorized representative of a member
	Wendy C Ruple CEO

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00