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(Re	equestor's Name)			
(Ad	idress)			
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(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
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2021 SEP 23 PM 8: 55 SECRETARY OF A ROLL

COVER LETTER

TO:	Registration Se Division of Cor					
CATAN ET	Go Get Goo					
SUBJECT: Name of Limited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Manuel Menendez				
	Name of Person					
Firm/Company						
		146 Rosales Court				
			Address			
	Coral Gables, FL 33143					
	City/State and Zip Code					
	mmenendez@chrysalishealth.com					
		E-mail address: (1	to be used for future annual report not	(fication)		
For fur	ther information c	oncerning this matter, please ca	all:			
Manue	l Menendez		305 215-7468			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclos	ed is a check for th	ne following amount:				
□ \$2	5.00 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)		

TO:

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

FILED

2021 SEP 23 PM 8: 55

SECRETARY OF CLASS Company as it now appears on our records.) TALL ARRAGETY.		
Company as it now appears on our records.) TALL ARAGEMENT Limited Liability Company)		
impany were filed on 10/08/2020 and assigned		
ed liability company here:		
ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
146 Rosales Court		
ESS) Coral Gables, FL 33143		
146 Rosales Court		
Coral Gables, FL 33143		
office address on our records, enter the name of the new registered		
Manuel Menendez		
sales Court		
Enter Florida street address		

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.

City

Coral Gables

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>	<u>Name</u>	Address	Type of Action
MGR	Joseph Paterna	8101 Hugh Lane	
		Tallahassee, FL 32309	■Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated September 22 2021 Signature of a member or authorized representative of a member Manuel Menendez

Typed or printed name of signee