## L20000338759

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Elite	Health Sta	RCing Solutions ited Liability Company	LLC
	mendment and fee(s) are sub	-	
r lease return air correspond	ence concerning this matter	to the following.	
	_ Audr	Ca Vaughan Name of Person	<del></del>
	Elite He	alth Access	7021 JAN 25 F1 33180 25
	21250 NE 23	BAUC MIUMI	,
	Miami	City/State and Zip Code	PH 2: 10
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	E-mail address: (	to be used for fature annual report notific	cation)
For further information con-	cerning this matter, please ca	all:	
Ms Broachkel Name of P	Darrisaw	at 1 954 : 305 - 10.  Area Code Daytime	CG Telephone Number
Enclosed is a check for the	following amount:		
名 \$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 Sec Division of Cor		Street Address: Registration Sect Division of Corp	orations
P.O. Box 6327 Tallahassee, FL	.32314	The Centre of Ta 2415 N. Monroe	
· ····································		ETISIA, MICHIOC	Duvot, June 919

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELite Health St Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000338759</u>	were filed on $10/26/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil.  Life Health Acce The new name must be distinguishable and contain the words "Limited Liabil."	SS LLC ity 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)	21250 NE 23 AVENUE 3 MIAMI FL, 33180. 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	21250 NE 23 AVENUE D MIAMI FL, 331805
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	
New Aggistered Office Address.	Enter Florida struct 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.

Cirv

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
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