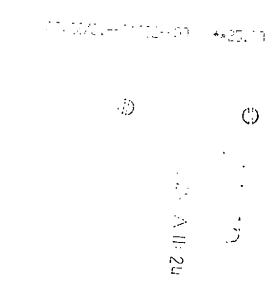
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only 5. C.



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. COVER LETTER

. .

TO: Registration Sec Division of Corp				
	alth One LLC			
SUBJECT:	Name of Limi	tted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ndence concerning this matter			
	Tiffanie Gonzalez			
	······································	Name of Person		
		Firm/Company		
	600 Fairway Drive, Suite 1	.01		
		Address		
	Deerfield Beach, FL 33441	I	.,	
		City/State and Zip Code	;)	<i>(</i> 15)
	admin@tophcalthcareoption	ns.com to be used for future annual report notific	estion)	()
For further information of	concerning this matter, please c		actory	•
Tiffanie Gonzałez		954 637-4268		
Name o	f Person	Area Code Daytime	Telephone Number	T. 7.
Enclosed is a check for the	he 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 F Certificate of \$ Certified Copy (additional copy is	Status &
<u>Mailing Addre</u> Registration		Street Address: Registration Sect		
Division of C P.O. Box 632	Corporations	Division of Corp The Centre of Ta		
Tallahassee,			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Colonial Health One LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability C	Company were filed on 12/18/2020	and assigned
orida document number L20000395827	<u>_</u> ·	-
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
ne new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		-
. If amending the registered agent and/or registered	office address on our records, <u>enter th</u>	e name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
	, Flori	da
	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>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Monica Morin	550 Fairway Drive	_ 🗆 Add
		Deerfield Beach, FL 33441	_ ≣Remove
			_ □Change
	 		_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove (¦)
			_ Change
			_ □Add
		24	_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □ Change
			_ □ Add
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