## 121000003623

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| PICK-UP                 | ☐ WAIT            | MAIL      |
|                         |                   |           |
| (Bu                     | siness Entity Nar | ne)       |
| ζ-                      | · · · · · ·       | ,         |
|                         |                   |           |
| (LO                     | cument Number)    |           |
|                         |                   |           |
| Certified Copies        | _ Certificates    | of Status |
|                         |                   |           |
| Special Instructions to | Eiling Officer    | }         |
| Special instructions to | riing Onicer.     | ì         |
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## **COVER LETTER**

| TO: Registration Solution of Con        |   |   |   |
|---|---|---|---|
| Numinis Li                              | ı.c   |   |   |
| SUBJECT:                                | Name of Lin                                     | nited Liability Company   |   |
| The enclosed Articles of                | Amendment and fee(s) are sub                    | omitted for filing.   |   |
|   | ondence concerning this matter                  | _   |   |
|   | John Meany                                      |   |   |
|   |   | Name of Person  |   |
|   | Numinis LLC                                     |   |   |
|   |   | Firm/Company  |   |
|   | 1262 Allamanda way                              |   | 2021  |
|   |   | Address   |   |
|   | Weston/Florida 33327                            |   | 0021 APR 22 PH 1: 27  |
|   |   | City/State and Zip Code   |   |
|   | meanjf19@wfu.edu                                | to be used for future annual report not                           |   |
| For further information c               | roncerning this matter, please c                | ·   | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |
| John Meany                              |   | 954 8047926<br>at ()  |   |
| Name o                                  | rf Person                                       | Area Code Daytin  | ie Telephone Number   |
| Enclosed is a check for t               | he following amount:                            |   |   |
| ■ \$25,00 Filing Fee                    | ☐ \$30.00 Filing Fee &<br>Certificate of Status | \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| <u>Mailing Addres</u><br>Registration ! |   | <u>Street Address:</u><br>Registration Se                         | ction   |
| Division of C                           | orporations                                     | Division of Co  | rporations  |
| P.O. Box 632<br>Tallahassee, l          |   | The Centre of 7   | Fallahassee<br>be Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Numinis LLC   |  |                          |  |  |
|---|--|--------------------------|--|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I  | ny as it now appears on our records.)<br>Tability Company) |                          |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L^{21000003623}}{L^{21000003623}}$ . | were filed on January 7, 2021                              | and assigned             |  |  |
| This amendment is submitted to amend the following:   |  |                          |  |  |
| A. If amending name, enter the new name of the limited liabi  | ility company here:  |                          |  |  |
| Climb Health LLC  |  |                          |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil  | 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)   |  | 28.7                     |  |  |
|   |  | 3 7                      |  |  |
|   |  | ್ ಸ್ …ೆ<br>ಎ ∾ ⊸         |  |  |
| Enter new mailing address, if applicable:   |  |                          |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                          |  |  |
|   |  | <del></del>              |  |  |
|   |  | r' -1                    |  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:                 | ddress on our records, <u>enter the na</u>                 | ime of the new registere |  |  |
| Name of New Registered Agent:   |  |                          |  |  |
| New Registered Office Address:  |  |                          |  |  |
|   | Enter Florida street address                               |                          |  |  |
| <u></u>   | , Florida  | <u> </u>                 |  |  |
|   | City   | Zip Code                 |  |  |
| New Registered Agent's Signature, if changing Registered Agent:   |  |                          |  |  |

## 7

Thereby 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                | <u>Address</u>   | Type of Action  |
|--------------|----------------------------|--|-----------------|
| MGR          | Robert Carlo Smith Ramirez | 110 E Mulberry Ave, San Antonio, TX 78212                                    | □Add            |
|              |                            |  | <b>■</b> Remove |
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| Effective date, if other than the date of filing:  |  |   |                           |                     |                 |               |                    |
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| Effective date, if other than the date of filing:  |  |   | <u></u>                   |                     |                 |               |                    |
| Effective date, if other than the date of filing:  |  |   |                           |                     |                 | <u> </u>      | ال ا               |
| Effective date, if other than the date of filing:  |  |   |                           |                     |                 | 22            | y -                |
| Effective date, if other than the date of filing:  (If an effective 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 (1)  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.  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 ford is filed.  Dated April 16 2021 |  |   |                           |                     | ) <u>(</u><br>) | 고<br>         | : H                |
| off an effective 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 (1)  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.  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 ord is filed.  Dated April 16  |  |   |                           | ·                   |                 | <del></del>   | 11                 |
| (If an effective 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 (1)  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.  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 ford is filed.  Dated April 16   |  |   |                           |                     | i               | .7            |                    |
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| Dated April 16 2021  |  | ate of filing:  |                           | (optiona            | ig.) Pursuu     | nt to nOS t   | 0207 ()<br>d as th |
|  | alf an effective date is listed, the date must be Note: If the date inserted in this block   | e specific and cannot be prior<br>k does not meet the applic  | able statutory filing rec | quirements, this da | te will noi     | . C.C II (C.  |                    |
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| Signature of a member or authorized representative of a member   | iff an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Departure record specifies a delayed effective date of is filed. | e specific and cannot be prior<br>k does not meet the applic<br>artment of State's records<br>fate, but not an effective ti | able statutory filing rec | quirements, this da |                 |               |                    |
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