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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

DAS TALENT, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Dipa Shah Name of Person DAS Health Ventures, LLC Firm/Company 1000 N. Ashley Drive, Suite 300 Address Tampa, Florida 33602 City/State and Zip Code legal@dashealth.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dipa Shah at (_813__) Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAS Health Ventu	ıres, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were Florida document numberL21000026889	e filed on December 11, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	1000 N Ashley Drive, Suite	300
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33602	
_		. 77
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)	· -	
-		<u> </u>
B. If amending the registered agent and/or registered office	address on our records, enter the	namë of the
registered agent and/or the new registered office address here:		.ŭ
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
 .	City Zi	n 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Corpor.	Dipa Shah	1000 N. Ashley Drive	
		Suite 300	☐ Remove
		Tampa, FL 33602	Change
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tive date	, if other than the date of	filing:	(optional)
ffective date	is listed, the date must be specifite inserted in this block does	filing:	days after filing.) Pursuant to 60:
	ective date on the Departmen		ents, and date will not be not
		ve date, but not an effective time, at 1	2:01 a.m. on the earli
e 90th d	lay after the record is fi	led.	
	May j	2023	
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d	Mich Signature	of a member of a uthorized representative of a member	
i	Mi U Signature	•	
i	Signature	Michelle Jaeger	
d	Signature	•	
d	Signature	Michelle Jaeger	

Filing Fee: \$25.00