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S. PRATHER

COVER LETTER

TO:	Registration Se Division of Cor						
SUBJE		DBA Medical I.LC					
30000	Name of Limited Liability Company						
The encl	losed Articles of	DBA Medical LLC Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Connor J. Oliveri Name of Person Elevate Health LLC Firm/Company 2111 W. Swann Ave, Suite 104 Address Tampa, FL 33606 City/State and Zip Code management@elevatehealthtampa.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: Inverti at (813) 326-3568 Name of Person Daytime Telephone Number					
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Connor J. Oliveri					
		•	Name of Person				
		Elevate Health LLC					
			Firm/Company				
	2111 W. Swann Ave, Suite 104						
	Address						
		Tampa, FL 33606					
		- · ·		ation)			
For furth	ner information c		•				
Connor	J. Oliveri		nt /				
Name of Person		f Person	Area Code Daytime T	elephone Number			
Enclosed	d is a check for th	ne following amount:					
□ \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
	Mailing Addres Registration S		Street Address: Registration Secti	on			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

DBA Medical LLC	iny as it now appears on our records.)		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)		
(A Florida Limited)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000086290}{L21000086290}$.	were filed on 02/22/2021 and assigned		
Torica document number);s		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Elevate Health Club LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4539 S. Dale Mabry Highway		
(Principal office address MUST BE A STREET ADDRESS)	Suite 100		
	Tampa, FL 33611		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2111 W. Swann Ave Suite 104		
was continued by	Tampa, FL 33606		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registere		
New Registered Office Address:	Enter Florida street address		
			
	, Florida 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>	Address	Type of Action
			□ Add
			Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
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			Change

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fective date, if other than the date must be	ate of filing:	er to date of filing or more I	(optional)	Pursuant to 605 0201
te: If the date inserted in this bloc	k does not meet the appli-	cable statutory filing re-		
cument's effective date on the Dep	artment of State's records	š.		
ecord specifies a delayed effective of	date but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The	e 90th day after the
is filed.	and the same of th		(1,	
luna 6	2022			2022 JUN 10
June 6	, 2022	·		JUN
	50.			DN 10 AP
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S	ignature of a member or auth	norized representative of a	member	AN II: 01