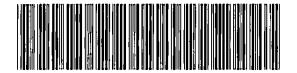
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/06/21

NAME: WITHIN HEALTH PROVIDER SERVICES LLC

TYPE OF FILING: AMENDMENT

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

attodge AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

Div	ision of Coi	rporations		
CHO INCH.	WITHIN F	IEALTH PROVIDER SERVI	CES LLC	
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		CHARLOTTE ROORK		
			Name of Person	
		MCDERMOTT WILL &	EMERY LLP	
			Firm/Company	
		444 W LAKE ST STE 400	00	
		 ,	Address	
		CHICAGO IL 60606		
			City/State and Zip Code	
		CROORK@MWE.COM	to be used for future annual report no	otification)
For further in	formation c	oncerning this matter, please e		······································
CHARLOTI	E ROORK		312 899-7286	
	Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres istration S		Street Address: Registration S	ection
Div	ision of C	orporations	Division of Co	orporations
	. Box 632		The Centre of	
1 8 0	ahassee, F	L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WITHIN HEALTH PROVIDER SERVICES PLLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Fioritia Entitled I	Liaomty Company)		
The Articles of Organization for this Limited Liability Company	were filed on $\frac{05/27}{1}$	7/2021	and assigned
Florida document number L21000249115			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	il <u>ity company here</u>	;	
WITHIN HEALTH PROVIDER SERVICES FL PLLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		-	
(Mailing address MAY BE A POST OFFICE BOX)		· - · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office</u> address here:	ddress on our rece	ords, enter the nai	ne of the new registered
<u> </u>			
Name of New Registered Agent:			
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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publications of the registered office of the beauty to merely reflect a change in the registered office of the change.	performance of my rovided for in Cha	duties, and Lam opter 605, F.S. Or	familiar with and , if this document is

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
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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Filing Fee: \$25.00