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COVER LETTER

TO:

	Registration Se Division of Cor			
		h Markets, LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The encle	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Colton Nixon		
			Name of Person	
		Tiger Health Markets, LLC	2	
			Firm/Company	
		908 Regina Drive		
			Address	
		Hewitt, TX 76643		
			City/State and Zip Code	
		cnixon@tigerpi.com	<u> </u>	
		E-mail address: (to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	all:	
Colton N	Nixon		254 230-6061	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed	l is a check for th	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations		Street Address: Registration S	ection	
		Division of Co		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monri	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tiger Health Markets, LLC (Name of the Limited Liability Comparing (A Florida Limited Limited Line)	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1,21000273173	were filed on 6/11/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	ility Company," the designation "LLC"	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 TO 16
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new transfered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	SS
	City.	lorida

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>	Name	Address	Type of Action
AMBR	SNH Investments, LLC	908 Ashlee Court	
		Norton Shores, MI 49441	Remove
			☐ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Remov
			Change
			□Remov
			□Chang

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. 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 (3)(b) 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. If 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 record is filed. Dated August 9 2021 Signature of a member or authorized representative of a member Colton Nixon Typed or printed name of signee

Filing Fee: \$25.00