## L21000315945

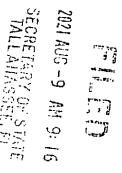
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(Ke	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Div	ision of Cor	porations <sub></sub>				
SUBJECT:	Orange Care MSO Merger Sub, LLC					
SUBJECT.		Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return	all correspo	ndence concerning this matter to	o the following:			
		Mike Segal				
		Name of Person				
		Nelson Mullins Riley & Scarborough				
		Firm/Company				
		2 South Biscayne Blvd. 21st Floor				
	Address					
	Miami, FL 33131					
		City/State and Zip Code				
		mike.segal@nelsonmullins.c				
			be used for future annual report not	ilication)		
For further ii	ntormation c	oncerning this matter, please cal	l:			
Mike Segal			305 373-9430 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	t check for th	ne following amount:				
□ \$25.00 I	Filing Fee	S30.00 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		Street Address: Registration Se	ection			

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orange Care MSO Merger Sub, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 9, 2021 \_ and assigned Florida document number L21000315945 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Orange Care Management Services Organization, LLC The new name must be distinguishable and contain the words "Limited Liability 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) 7 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			SECRETARY  NAME  SECRETARY
			Remove
			S 9
			□Remove
			Change
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			□Remove
			□Change
<del></del>	· -	- <del></del>	□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 \_\_\_ 2021 Signature of a member of authorized representative of a member Lissette Exposito

Typed or printed name of signee