K21000357053

Office Use Only



300372299183

2021 AUG 31 PH 4: 49

D RRUCE SEP 12 2021

COVER LETTER

TO: Registration So Division of Cor						
	pecialty Health Care, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Tae Shin					
		Name of Person				
	Shin Law Firm, P.A.					
		Firm/Company				
	-	Address				
	Orlando, FL 32801				2021 AUG 31 PH 4: 4	2
		City/State and Zip Code		75-7	ま	
	tshin@shinlawgp.com			A S S S S S S S S S S	ယ	ş.
For further information of	h-mail address: (concerning this matter, please co	to be used for future annual report notific	ation)	9.1		: :
Tae Shin	oneering in a matter, prease of	407 7307814			ի։ կ9	٠,
N'ame o	of Person	at () Area Code Daytime T	Felephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified 0	of Status &		

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Sunshine Specialty Health Care, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000357053</u> .	y were filed on August 9, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		77.0
		Fi &
	able: T.ADDRESS) BOX	<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	 -	
		ြည်း ကျွ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	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 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>	<u>Address</u>	Type of Action
MGR	Siva Kondapalli	4864 Redbrick Run	
		Sanford, FL 32771	■Remove
			Change
			□Add
			□Remove
			□ Change
			□ Remove
			CS DAdd 77
			∵.
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			□ Chunga

								-			
	_								_		
		<u> </u>									_
		<u> </u>									
-											
								··	(7.		· • • ·
-					_				<u> </u>	202	
	_ 				<u> </u>					AUC	
					_				37.	ယ	ص: ماء 1
-											- 7
		<u> </u>								PH	
									温图	- :: - ::	
		<u> </u>		_		<u>-</u>			- : : :		_
	<u> </u>		<u> </u>								_
											_
-											_
ective dat i effective da	. e, 11 other th: atc is listed, the d	an the date of late must be speci	filing: _ fic and can	mot be prior	to date of	filing or mo	ra thun 00	(optio	nal)	••	00.000
te: If the c	and miscrici m	dus block does	noi meet	, ине аррис	carde stati	tory filing	requirer	oays aner ients, this	date will	suant to 6 not be li	05.020 sted a:
	ffective date or	i the Departmer	it of State	's records	•						
ument's el											
ument s ei		effective date, b	ut not an	effective ti	ime, at 12	:01 a.in. oi	n the earl	ier of: (b)	The 90	th day af	ter the
cord speci	fies a delayed e										
cord speci	fies a delayed e										
cord speci s filed.		2 .2 .		2 : 1							
cord speci s filed.		2: 21	,	2021	<u>.</u>						
cord speci s filed.		2: 21		2021	<u>.</u>						
cord speci s filed.) ,		esentative o	f a membe	er			