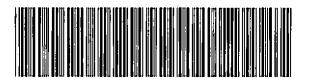
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HEALTHRU OUTPA	TIENT LLC			
·		····		Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
		İ		Annual Report / Reinstatement
				Cert. Copy
			<u>✓</u>	Photo Copy
				Certificate of Good Standing
		!		Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
B				Vehicle Search
				Driving Record
Requested by: BA	12/0			UCC 1 or 3 File
Name	12/8	Time		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

TO ARTICLES OF ORGANIZATION OF

HEALTHRU OUTPATIENT 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 _____ __ and assigned Florida document number L21000452824 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 ____, Florida ___ City

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

or removed from our records.

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	Name JOSHUA SCOTT	Address 3333 S CONGRESS AVE, SUITE 303	Type of Action
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Effective date, if other than the d	sta of filings		(optional)	
f an effective date is listed, the date must b	e specific and cannot be prior	to date of filing or more than	90 days after filing.) Pursuant to 6	605.0207
Note: If the date inserted in this bloc locument's effective date on the Dep	k does not meet the applicantment of State's records	able statutory filing requir	ements, this date will not be li	isted as t
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December 3	2021			
Dated	,	·		
<u>ISI Isaiah Goldman</u> S	gnature of a member or auth	orized representative of a me	mber	
	G	,		
ISAIAH GOLDMAN				
	Typed or print	ed name of signee		

Page 3 of 3

Filing Fee: \$25.00