· KZI (() () 5/5/443

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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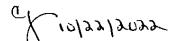
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	ALTHCARE LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SHADI BADRAN		
		Name of Person	
	iTAX FINANCIAL GRO	UP LLC	
		Firm/Company	
	2960 VINELAND RD ST	E E	
		Address	
	KISSIMMEE, FL 34746		
		City/State and Zip Code	
	GREENSHADI@GMAIL.	COM to be used for future annual report no	wife (tan)
For further information c	oncerning this matter, please c		
SHADI BADRAN		407 507-0507	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing 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)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, I	·1. 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

Division of Corporations

RECEIVED

2022 OCT | | PM 1:49

August 2, 2022

SHADI BADRAN 2960 VINELAND ROAD SUITE E KISSIMMEE, FL 34746

SUBJECT: SYNC HEALTHCARE LLC

Ref. Number: L21000515443

We have received your document for SYNC HEALTHCARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The document number of the name conflict is L20000348755.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 322A00017052

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 207 1 7.11 8: 03

(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our re la Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number L21000515443		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
SYNCHEALTH LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>er</u>	iter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	bluss
	vhice v wrigh street ac	un (2)
	City	, Florida

New Registered Agent's Signature, if changing Registered Agent:

SYNC HEALTHCARE LLC

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
			ERemove
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			□Chanve

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tee at a large of a sharp that the first of the same o	
ffective date, if other than the date of filing: 'an effective date is listed, the date must be specific and cannot be prior to some. If the date inserted in this block does not meet the applicable locument's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.0207
record specifies a delayed effective date, but not an effective time d is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 09.28'2022	
The same of the sa	
(hhot)	red representative of a member

Filing Fee: \$25.00

Typed or printed name of signee