12/4/23, 12:55 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000413721 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN METAHEALTH NETWORK LLC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$55.00

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Help

Registration Section

From: Rajiv Srivastava

TO:

COVER LETTER

Division of Co	prporations		
SUBJECT: METAHI	EALTH NETWORK LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
	·	Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
	-A-1	Address	
	Gleudale, CA 91203		
	Drtanyaclarke@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	cation)
For further information	concerning this matter, please ea	all:	
Cheyenne Moseley		800 773-0888	
Name	of Person	Aren Code Daytime	Telephone Number
Enclosed is a check for :	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METAHEALTH NETWORK LLC		
(Name of the Limited Liability Comp. (A Florida Limited	nany as it now uppears on our record (Liability Company)	<u>a.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number 1.22000124879	y were filed on 03/11/2022	and assigned
This amendment is submitted to amend the following:		725
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liah	nlity 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)		جَ
Printiput office dualess in OST BE A STREET ADDRESS;		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
New Negational Office Name 22.	Enter Florida street addres	7
	, Fle	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, as provided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Robert W. Johnston	3307 Port Royale Dr. S 807 Fort Lauderdale, FL 33308	⊞ Add
			☐ Remove
			☐ Change
AMBR Maryann Griffin			
		6663 NW 103rd Pkwy Doral, FL 33178	■ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

,	
Note:	(optional) Rective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filling.) Pursuant to 605 0207 (3xb) If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the tent's effective date on the Department of State's records.
(f the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/02/2023
	igranire of a member or authorized representative of a member
	Tanya Clarke

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Filing Fee: \$25.00