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Requester's Name 315 South Calhoun Street, su	ite 600	•	
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fallahassee, FL 32301 (850)	425-5686		
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ORPORATION NAME(S) & DOCUM	IENT NUM	BER(S), (if k	поно):
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			Examiner's Initials

COVER LETTER

TO:	Registration Se Division of Cor	ection porations		
	Lee Health	Home Infusion, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please co	all:	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$ 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	\$60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 1 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Lee Health Home Infusion, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (All AHASSE TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on March 16, 2022 and assigned Florida document number 1.22000139667 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 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	Lee Memorial Health System	2776 Cleveland Avenue	□ Add
		FORT MYERS, FL 33901	■Remove
			□Change
AMBR	Lee Health System, Inc.	2776 Cleveland Avenue	
		FORT MYERS, FL 33901	□Remove
			□Change
			□Add
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Filing Fee: \$25.00