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2022 SEP -1 AM 8: 19
SECRETARY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

	tion Section of Corpor		e.		, ₃₀
	Health Par	tners, LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed Artic	cles of Am	endment and fee(s) are subt	mitted for filing.		
Please return all co	orresponde	nce concerning this matter (to the following:		
		Lori R Dennis			
			Name of Person		_
			Firm/Company		
		10572 SE 74th Terrace			2022 SEC
			Address		SEP
		Belleview, FL 34420			2022 SEP - I SECRETARY TALLAHAS
	;	Lorid@thedennisgroup.net	City/State and Zip Code		젊유 强
For further inform	ation conc	E-mail address: (t erning this matter, please ca	o be used for future annual re	eport notification)	8: 19 8: 19
Lori R Dennis				-2156	
	Name of Pe	rson	at () Area Code	Daytime Telephone Numb	<u></u>
Enclosed is a chec	k for the f	ollowing amount:			
■ \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific osed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
<u>Mailing</u> . Registr:	Address: ation Sec	tion	<u>Street Ad</u> Registra	dress: tion Section	
_		non porations	_	of Corporations	
P.O. Bo			The Cen	tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF TALLAHASSE	2022 SEP -1 AM	
<u>s.) (100)</u>	ထု	
근된		

VO Health Partners, LLC (Name of the Limited Liability Company as it now appears on our record
(A Florida Limited Liability Company) $\overline{\alpha}$ The Articles of Organization for this Limited Liability Company were filed on 3/28/2022 and assigned Florida document number L2200150094 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." 217 SE 1st Avenue, Ste. 200 Enter new principal offices address, if applicable: Ocala, FL 34471 (Principal office address MUST BE A STREET ADDRESS) 217 SE 1st Avenue, Stc. 200 Enter new mailing address, if applicable: Ocala, FL 34471 (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

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.

City

_, Florida __

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>	Address	Type of Action
MGR	John M Oller	17572 Tedler Circle	
		Round Hill, VA 20141	≣Remove
			□Change
MGR	Olivia E Fuller	2006 NE 3rd Street	= Add
		Ocala, FL 34470	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			
			□ Remove
			Change
			SEP Add
			ASSEE STA
			Change
			□Add
			□Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or took does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.0207 ing requirements, this date will not be listed as
	date, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after the
a is mea.		
August 29	2022	
Dated	2022 Signature of a member or authorized representative	ve of a member

. . .

Filing Fee: \$25.00