

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L22000179856**

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*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  
CLINTECH HEALTH, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2022 JUL 15 PM 2:15

APPROVED  
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**COVER LETTER****TO: Registrations Section  
Division of Corporations**

H22000241219

**SUBJECT: CLINTECH HEALTH, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tina Eroles

Name of Person

Jones &amp; Spross, PLLC

Firm/Company

1605 Lakecliff Hills Lane, Suite 100

Address

Austin, Texas 78732

City/State and Zip Code

kjohnson@thetolargroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Eroles

281 910-8229  
at ( )

Name of Person

Area 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)☐ \$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 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H22000241219

CLINTECH HEALTH, 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 April 14, 2022 and assigned Florida document number L22000179856.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Salus HC, LLC

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:**

475 West Town Place

**(Principal office address MUST BE A STREET ADDRESS)**

Suite 108

St. Augustine, FL 32092

**Enter new mailing address, if applicable:**

475 West Town Place

**(Mailing address MAY BE A POST OFFICE BOX)**

Suite 108

St. Augustine, FL 32092

**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

City, Florida

Zip Code

**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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Timothy J. Tolan	475 West Town Place	<input type="checkbox"/> Add
		Suite 108	<input type="checkbox"/> Remove
		St. Augustine, FL 32092	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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[illegible]**Filing Fee: \$25.00**