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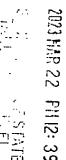
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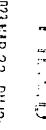
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
CIDIFOT.	Elevate He	alth Medical LLC		
SUBJECT:		Name of Lin	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Connor J. Oliveri		
			Name of Person	· · · · ·
		Elevate Health Medical LI	.C	
			Firm/Company	
		2111 W. Swann Ave, Suite	: 104	2023 HAR 22
			Address	70
		Tampa, FL 33606		
			City/State and Zip Code	PHI2: 39
		elevatehealthmedical@gma		<u>2</u>
For further in	formation c	e-man address: (to be used for future annual report notification) <u>m</u> . o
Connor J. Ol			813 326-3568	
	Name of	f Person	Area Code Daytime Telepi	hone Number
Enclosed is a	check for th	te following amount:		
■ \$25.00 F	iling 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)
Reg Div		Section orporations	Street Address: Registration Section Division of Corporati	ons
	. Box 632 ahassee, F		The Centre of Tallaha 2415 N. Monroe Stre	assee
	, .	· ·	2 In Monioc Diffe	or, build or o

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elevate Health Medical LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) pility Company)
	ere filed on 04/18/2022 and assigne
Florida document number L22000184458	
The Articles of Organization for this Limited Liability Company were filed on 04/18/2022 and assigned Florida document number L22000184458 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 "LLC." 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)	
A. If amending name, enter the new name of the limited liabilit	y 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:	20
Principal office address MUST BE A STREET ADDRESS)	
-	70
_	. 2
Enter new mailing address if annlicable	
- · · · · · · · · · · · · · · · · · · ·	7. 2
Mulling duaress MAT BE A FOST OFFICE BOAJ	Fri (3
3. If amending the registered agent and/or registered office address here:	iress on our records, <u>enter the name of the new re</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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	Dr. Jeffrey Watson	2111 W. Swann Ave, Suite 104	
		Tampa, FL 33606	≣Remove
			□Change
			□Remove
			270 Change
			PH Add P Remove 39
			□Change
312.33			□Remove
			□Change
			□Add
			□Remove
			□ Change
	.		□Add
			□Remove
			Change

Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (wite: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [are cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. [are cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. [are cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distribution of a member of a member of a member of a member.	If amending any other informa			. ,	,	
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