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COVER LETTER

TO: Registration Sec Division of Corp		•	•
	RE INNOVATION ADVISO	ORS LLC	
SUBJECT:	Name of Lim	ited Liability Company	<u>.</u>
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Matthew Krosecky		
		Name of Person	
	HEALTHCARE INNOVA	ATION ADVISORS LLC	
		Firm/Company	
	8887 SW 8th Street		2023 SEC
		Address	TAR T
	Deerfield Beach, FL 3344	ı	28
		City/State and Zip Code	PH 3: 02
For further information co	E-mail address: (neerning this matter, please c	to be used for future annual report notification)	OZ
Matthew Krosecky	icerning this matter, prease c	561 945-7093	
Name of Person		at () Area Code Daytime Telepho	one Number
Enclosed is a check for the	tollowing 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 So Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street	ssee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTHCARE INNOVATION ADVISORS 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 05/05/2022 and assigned Florida document number <u>L22000213456</u> 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) 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

If Changing Registered Agent, Signature of New Registered Agent

, 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	William Jarriel	5725 Touscana Place	= Add
		APT 310	□Remove
		Margate, FL 33063	
			□Add
			□Remove
			□Change
			SECRETAL DE PH 3: 02
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effective date is listed, the date meter. If the date inserted in this I	lock does not r	neet the applical	odate of filing or mole statutory filin	iore than 90 day g-requiremen	s after filing ts, this dat	g.) Pursuar e will not	nt to 605,020 t be listed a
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cord specifies a delayed effecti	ve date, but not	an effective tin	ne. at 12:01 a.m.	on the earlier	of: (b) T	he 90th c	lav after the
s filed.					(-,		.,
, March 24		2023					
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	/		ized representative				