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| Certified Copies | Certificates of | of Status |
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| Special Instructions to F | Filing Officer: | |
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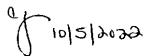
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

| Division of Corp | | | |
|---|--|--|---|
| SUBJECT: | 115 Heathean | ed Liability Company | LLE |
| | Name of Email | ed Limitary Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are subn | nitted for filing. | |
| Please return all correspor | dence concerning this matter to | o the following: | |
| | Samue 1 | Agente Name of Person | |
| | | • | |
| | | Firnt/Company | <u> </u> |
| | | | |
| | 1563 Jack | Address | |
| | _ | Address | |
| | Tallahassee | FC 32301 City/State and Zip Code e solutions & c. man - c. o be used for future annual report notifi | |
| | * 1 | City/State and Zip Code | |
| | Dasshealthar | e solutionse c, may controlling | cation) |
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| | oncerning this matter, please co | | |
| Samuel | ASANTE | at (904) 207- Area Code Daytime | -0410 |
| Name o | f Person | Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Division of C P.O. Box 632 | Section Corporations | Street Address: Registration Sec Division of Cor The Centre of T | porations allahassee |
| Tallahassee. | FL 32314 | 2415 N. Monro | Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ousis Heather | care (| Solutions | LLC | , - | 14 C-1 -2 Pt | , 1:5 <u>9</u> |
|--|--------------------------------------|-------------------------------------|-----------------------|----------------|--------------------|----------------|
| (Name of the Limited | Liability Compa Florida Limited I | ny as it now appearability Company) | ars on our re | cords.) | | , Tį |
| The Articles of Organization for this Limited Liab Florida document number <u>L22000</u> | oility Company 2 4 0 9 0 O | were filed on _ | 06/0 | 3/2022 | and assigned | |
| This amendment is submitted to amend the follow | ving: | | | | | |
| A. If amending name, enter the new name of t | he limited ljab | ility company l | <u>iere</u> : | | | |
| The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET) | ble: | | | | | _ _ _ |
| Enter new mailing address, if applicable: | | | | | | |
| (Mailing address MAY BE A POST OFFICE B | <u>(QX)</u> | | | | | |
| B. If amending the registered agent and/or reagent and/or the new registered office address | gistered office here: | address on our | records, <u>e</u> | nter the nan | ne of the new reg | istered |
| Name of New Registered Agent: | · | - | | | | |
| New Registered Office Address: | 1563 | JACKS Enter F | DR Torida street (| #A_ address | <u>-</u> | |
| | Tallaha | SSEE City | | _, Florida | 3230] 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 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 |

| Title | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ote: [] t | date, if other than the date of filing: |
| | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | October 5th 2022 |
| | Signature of a member or authorized representative of a member |
| | Symulace Asignite |

Filing Fee: \$25.00