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(Re	equestor's Name)	·
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT:	Avidity Health LL C Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Philip H. Grese IK	
	Avidity Health LLC	
	2050 Foxtail View Court	
	West Palm Beach, FL 334 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	com
For further information c	concerning this matter, please call:	
PK:1: Name o	at (561) 313-8163  Area Code Daytime Telephone N	Sumber
Enclosed is a check for th	the following amount:	/
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & rtified Copy ditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

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

Avidity Heal	th Lic
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on $5/35/3033$ and assigned
Florida document number <u>L2200243599</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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature (I changing Registered Ag	•

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

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	Philip H. Grose III	4083 Little River Road	_ 🖸 Add
		Hendersonville, NC 28739	□Remove
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Effective date	, if other than the o	late of filing:	not be notice to date	ECU:	(optional)	
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e record specific	es a delayed effective	date, but not an	effective time at	12:01 a.m. on the	earlier of (b) Th	ne 90th day after the
d is filed.	·				turner or (o)	ie zour day utter the
Dated	May 13+1	<u>^, _</u>	2034			
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