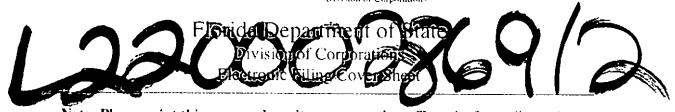
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

EFILE1234@INCFILE.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DDR HEALTH SERVICES & INFUSIONS LLC

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COVER LETTER

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TO: Registration Section **Division of Corporations**

SUBJECT:	DDR HEALTH SERV	VICES & INFUSIONS LLC	
	Name of Lim	ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 S	STE 220	
		Address	
	HOUSTON TX, 77064		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	EFILE1234@INCFILE.COI	М	
	F-mail address: ()	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	dt:	
LOVETTE DOBSON		1 888-462-3453	
Name of	f Person	at () 888-462-3453 Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

	CES & INFUSIONS LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>v)</u>
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	-	
Enter new mailing address, if applicable:	801 SPRING ISLAND WAY	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32828	
		w
B. If amending the registered agent and/or registered office		282
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
agent and/or the new registered office address nere:		<i>∵</i> N
Name of New Benistand Aposts		ω ϵ
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		<u></u>
	Enter Florida street addres.	Z 22
	, Flo	orida
	,	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>!:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, an provided for in Chapter 605, i	id I am familiar with and F.S. Or, if this document is

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:

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MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AR	DEWVAL RANSON	1150 NW 72 AVE TOWER 1 STE 455 #8754	
		MIAMI, FL 33126	□Remove
			\ Change
AP	SHAKIA URQUHART	1150 NW 72 AVE TOWER 1 STE 455 #8754	🗀 Add
		MIAMI, FL 33126	□Remove
			= Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			URemove
			□Change
			□Add
			Remove
			□Change

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ective date, if other than the of effective date is listed, the date must te: If the date inserted in this bloomment's effective date on the Department.	ck does not meet the applie:	able statutory filing requ	(optional) 190 days after (iling.) Pursua irements, this date will not	n to 605,0207 be listed as
cord specifies a delayed effective s filed.	date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after the
ed	. 2023			
	Suval Ras	Qe21		
		14:00		