L22000332016

| - (| Requestor's Name) | |
|----------------------|-------------------------|--------|
| (| Address) | |
| (| Address) | |
| | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| | Business Entity Name) | |
| ` | , | |
| (| Document Number) | |
| Certified Copies | Certificates of 9 | Status |
| Special Instructions | to Filing Officer: | |
| | | |
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Office Use Only

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2022 SEP -6 PH 12: 07

COVER LETTER

| TO: Registration Se Division of Corp | | | N. | |
|---|---|---|-------------------------------|--|
| SUBJECT: AMETHYS | ST HEALTH LLC | | | |
| | Name of Lin | nited Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspon | ndence concerning this matter | to the following: | | |
| | CATHERINE SHEAHAN | į. | | 202 202 |
| | | Name of Person | · · · | |
| | AMETHYST HEALTH | LLC | | 2022 SEP -6 |
| | | Firm/Company | | Ph |
| | 505 BEACHLAND BLVI |), STE 1-1020 | | 2022 SEP -6 PM 12: 07 |
| | | Address | , | 7 |
| | VERO BEACH, FL 3296. | 3 | | |
| | | City/State and Zip Code | | |
| | AMETHYST-HEALTH@1 | PROTONMAIL.COM to be used for future annual re | | <u> </u> |
| For further information co | oncerning this matter, please c | | рон поинсанон <i>)</i> | |
| CATHERINE SHEAHAN | v. | at (904) 295- | 5825 | |
| Name of | Person | Area Code | Daytime Telephor | ne Number |
| Enclosed is a check for the | e following amount: | | | |
| \$25,00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo | | \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | = ' | Street Add | | |
| Registration Se Division of Co | | _ | ion Section of Corporation | ıs. |
| P.O. Box 6327 | • | The Cent | re of Tallahass | ee |
| Tallahassee, Fl | L 32314 | 2415 N. I | Monroe Street, | Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMETHYST HEALTH LLC

| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | |
|---|--|-----------------------------------|
| The Articles of Organization for this Limited Liability Company | were filed on 7/27/22 | _ and assigned |
| Florida document number <u>L22000332016</u> | | • |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | DIVISÎUN 2022 SEF |
| AMETHYST HEALTH LLC | 9 | |
| The new name must be distinguishable and contain the words "Limited Liabi | thty Company," the designation "LLC" or the abbre | viation "U.L.C." 출동기 |
| Enter new principal offices address, if applicable: | 505 BEACHLAND BLVD | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | STE 1-1020 | 72 |
| | VERO BEACH, FL 32963 | 07 |
| Enter new mailing address, if applicable: | 505 BEACHLAND BLVD | |
| - · · · · · | STE 1-1020 | |
| (Mailing address MAY BE A POST OFFICE BOX) | VERO BEACH, FL 32963 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | Mo Change | t the new registered |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | • |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am fam provided for in Chapter 605, F.S. Or, if t | iliar with and his document is |
| If Chan | iging Registered Agent, Signature of New Registe | red 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 | GWOW LLC | 411 WALNUT ST | □Add |
| | | 316292 | ≡ Renюve |
| | | GREEN COVE SPRINGS, FL 32043 | |
| MGR GWOW LLC | GWOW LLC | 505 BEACHLAND BLVD | ≡ Add |
| | | STE 1-1020 | 20 SEP |
| | | VERO BEACH, FL 32963 | Ti Fi. □ Change High. |
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| . If ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effi Note: | ve date, if other than the date of filing: |
| e record ord is file | 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 d. |
| Dated _ | 9/2/22 |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |