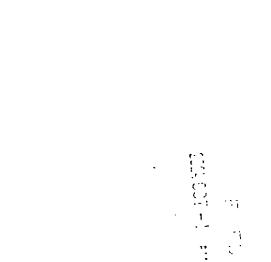
L22000350327

(Requestor's Name)
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COVER LETTER

TO: Registration Division of C			
SUBJECT: Patie	ent Scaling Solu Name of Lim	Hons LLC ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Bailey Ma	Name of Person	
	Patient Scul	ing Solutions LL	
	777 N A	tshley Drive,	Unit 23/3
	Tampa, Flori builey malo @ E-mail address: (1	City/State and Zip Code Chiro Solution dc. to be used for future annual report not	(CYV)
For further information	concerning this matter, please ca		
Bailey	Malo of Person	at (518) 763- Area Code Daytin	6756 ne Telephone Number
Enclosed is a check for	the 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patient Scalina Solutions LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000350327</u> .	were filed on 07/29 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Overlook Ventures LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	777 N Ashley Dr.
(Principal office address MUST BE A STREET ADDRESS)	Unit 4313
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33602 777 N Ashley Des Unit 7313 Tampa, Florida 33602
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	1 23
NOT CHANGING Name of New Registered Agent: Bailey	Malo
New Registered Office Address:	Enter Florida street address
Tampa	City 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 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
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□ Remove
			Change

Page 2 of 3

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>
	
(If an ei Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 21st, 2024.
	HOPW.
	Signature of a member or authorized representative of a member
	Kailey J. Mub Typed or printed name of signee

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Patient Scaling Solutions LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bailey Mala Name of Person
Patient Scaling Solutions LLC Firm/Company
777 N Ashley Drive, Unit 2313
Tampa, Florida 33602 City/State and Zip Code bailey malo @ chiro solution de com -E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bailey Malo at (518) 763-6756 Mame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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