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## **COVER LETTER**

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eup iec		ALTH PARTNERS, LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	····
The enclo	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please rett	urn all correspo	ndence concerning this matter	to the following:	
		ARTHUR FLETCHER		
			Name of Person	
		<del></del>	Firm/Company	
		MERIHEALTH PARTNERS, LLC  Name of Limited Liability Company  rticles of Amendment and fee(s) are submitted for filing.  I correspondence concerning this matter to the following:  ARTHUR FLETCHER  Name of Person  Firm/Company  1582 AIRPORT BLVD, UNIT B  Address  PENSACOLA, FL 32504  City/State and Zip Code  ARTHUR@SYNDICATED.HEALTH  E-mail address: (to be used for future annual report notification)  remation concerning this matter, please call:  ETCHER  Name of Person  Area Code  Daytime Telephone Number  heck for the following amount:  ng Fee  S30.00 Filing Fee &  Certificate of Status  Certified Copy  (additional copy is enclosed)		
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		•		otification)
For furthe	r information c	·		
ARTHU	R FLETCHER			
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
I	Division of C	Section orporations	Registration S Division of C	orporations
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERIHEALTH PARTNERS, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/04/2022	and assigned
Florida document number L22000428021		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
SYNDICATED HEALTH PARTNERS, LLC		
The new name must be distinguishable and contain the words "Limitation of the words "Limitation	ited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the i</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	2011
	. Florida	
<del></del>	City	Zip Code
Now Devictored Agent's Signature if changing Registers	d Agent:	9

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 the 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than th	e date of filing:			(optional)	
effective date is listed, the date me: If the date inserted in this	ust be specific and cannot	be prior to date of filing applicable statutors	g or more than 90 day v filing requiremen	s after filing.) Pur ts. this date will	suant to 605.020 not be listed a
ument's effective date on the					
cord specifies a delayed effect	ive date, but not an effe	ective time, at 12:01	a.m. on the earlier	of: (b) The 90	
s filed.					JIL 13. 13. 13. 13. 13. 13. 13. 13. 13. 13.
JULY 15	2024	4			
cd	,				
	. )				JULIA WHITE
	Signature of a member	or authorized represe	ntative of a member		<u>∵</u>
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