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(Reque	stor's Name)
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(City/St	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
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Certified Copies	Certificates of Status
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## **COVER LETTER**

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Tallahassee, FL 32314

		istration Se sion of Cor			
CHD IV			ACQUISITION SPV. LLC		
SUBJEC	11		Name of Lim	ited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
			ndence concerning this matter		
			Kathryn Wood, Esq.		
				Name of Person	<del></del>
			Ainsworth & Clancy, PLL	C.	
				Firm/Company	
			801 Brickell Ave. 8th Fl.		
			****	Address	
			Miami, FI, 33131		
				City/State and Zip Code	
			katic@business-esq.com	to be used for future annual report r	
For furth	ser in	formation c	oncerning this matter, please ca		
Kathiyn	Wo	od		305	
		Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed	l is a	check for th	ne following amount:		
<b>≘</b> \$25.	.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div	ling Addres gistration 9 vision of C O. Box 632	Section orporations	Street Address: Registration : Division of C	Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)... TARY OF STATE

(A Florida Limited Liability Company)

TALL AHASSEE FLORID

FILED

AQUINAS ACQUISITION SPV. LLC

2024 FEB -9 AM 9: 30

TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on  $\frac{10/20/2022}{2}$ \_\_\_\_\_ and assigned Florida document number 1.22000451267 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AmHealth Acquisition SPV, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_\_

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 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>	Name	Address	Type of Action
			□Add
			□Remove
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of filing or more than e: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 190 days after filing.) Pursuant rements, this date will not l	to 605.020 be listed a
ment s effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the called.	earlier of: (b) The 90th da	y after the
ed February 5, 2024		
	ember	

Filing Fee: \$25.00