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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
·: Copies Certificates of Status
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COVER LETTER

Division of Cor	rporations		
SUBJECT:	TopChoice Health LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Victoria Shihman		
		Name of Person	
		Firm/Company	
	5645 Coral Ridge Dr PM	В 330	.,
		Address	
	Coral Springs FL 33076		
	gary.solex@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information c	concerning this matter, please co	all:	
Victoria Shihman		917 444-6501	
Name o	of Person	Area Code Daytime	· Telephone Number
Enclosed is a check for the	he 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		Street Address:	otion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

TopChoice Health LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	n 11/09/2022 and assigned
Florida document number L220000481208	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
The new name must be distinguishable and contain the words "Limited Liability 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:	100 C-3 100 C-3 100 C-3 100 C-3
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on o	Co
s. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, enter the hame of the new register
Name of New Registered Agent:	्रिक् र
New Registered Office Address:	
Ente	r Florida street address
City	, Florida Ziv Code
City	zap Cour

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>	<u>Name</u>	Address	Type of Action
AMBR	VICTORIA SHIHMAN	5645 Coral Ridge Dr	
		Coral Springs FL 33076	□Remove
			Change
			□Remove
			□ Change
			□Add
			Remove
		1 	□ Change
			□Add
			□Remove
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		<u> </u>	□ Remove
			□Change

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