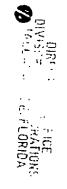
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Office Use Only



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09/23/23--01013---016 **25.00



A. DUTLER MAR 2 3 2023

COVER LETTER

Division of Corporations .	
SUBJECT: Acumen Health 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:	
Ann Gwinnup Name of Person	
Acumen Health TLLC	
45666 Hwy 20 Suite 105	
Niceville FL 32578 City/State and Zip Code	
Agwinnup (or generations primary). (on	ſ
For further information concerning this matter, please call:	
Ann Gwinnup at (850) 218 (0382) Name of Person at (850) Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee S Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee S S60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

Registration Section

1O:

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

Acumen Hea	ilth		MARC 23 PM 2: 37
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears [Enablity Company]	on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 22000 533</u> 2	y were filed on <u> </u>	2/21/202	Zand assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia Acumen Health The new name must be distinguishable and contain the words "Limited Lial"	PLLC bility Company," the des	signation "LLC" or the abl	neviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4566 E Nicevil	E HWY Z	o Suiklos 2578-8839
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our re	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florie	da street address	
		Florida	
	Cin		Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

i nereby 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 except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is I cing 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.

H' amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added - cr removed from our records:

MCR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	GWINNUP, BRIAN	402 Tiger Pointe D	<u> </u>
		Niceville FL 32578	CKemove
			□Change
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			□ Change

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'an effective da (ote: If the d	e, if other than the date of filing: the is listed, the date must be specific and cannot be not inserted in this block does not meet the affective date on the Department of State's rec	pplicable statutory filing requirements, this date will not be listed a
record specif Lis tited.	es a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	03/23/2023-14	
	1 9	
_	Signalure of a member or	authorized representative of a member

Filing Fee: \$25.00