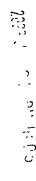
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	(Requestor's Name)
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PICK-UP	WAIT MAIL
-	(Business Entity Name)
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	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

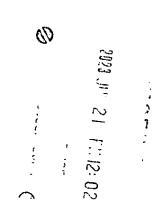
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S. RODERTS
JUL 2 4 2023

CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	CERTIFIED COPY		•		
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SPECIAI NSTRU	L CTIONS:				

COVER LETTER

TO: Registration S Division of Co	ection rporations		
	LTH PLLC		
NOBJECT:	Name of Lin	nited Liability Company	
Division of Corporations Di.H. HEALTH PLLC			
Please return all corresp	ondence concerning this matter	to the following:	
	MAX ADAMS		
		Name of Person	
	THE MEDI LAW FIRM		
	4929 SW 74TH CT	this matter to the following: Name of Person W FIRM Firm/Company CT Address 55 City/State and Zip Code MEDILA WFIRM.COM ill address: (to be used for future annual report notification) er, please call: at (
		Address	
	MIAMI FL 33155		
	31.75	City/State and Zip Code	
			Gastian
For further information of		•	псанян
	one and the manner, pressed of		
		_	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			-A
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLH HEALTH PLLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	uny as it now appears on our records,) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 1/19/2023	and assigned
Florida document number L23000036398		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Commany." the designation "LLC" or the	abbreviation "L. L. C."
	17001 SW 87TH CT	02:
Enter new principal offices address, if applicable:	PALMETTO BAY FL 33157	
(Principal office address MUST BE A STREET ADDRESS)	PALWETTO BAT PL 33137	
	LTOOL COLOTTU OT	0 P. 1
Enter new mailing address, if applicable:	17001 SW 87TH CT	
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>	PALMETTO BAY FL 33157	ن بن <u> </u>
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our records, <u>enter the na</u>	nme of the new regi
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Florida _	
	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>	Name	Address	Type of Action
MGR	DIANA LIMON	17001 SW 87TH CT	
		PALMETTO BAY FL 33157	□Remove
			≘ Change
			□Add
			□Remove
			Change
			□Remove
			Change
			(Change
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cord specifies a delayed effectiv s filed.	e date, but not an efi	Tective time, at 1	2:01 a.m. on the ea	rtier of: (b) The 90th	day after the
ed	. 202	_			
	9	M.Co.a			
	/	Gr. C.C. C.C.	den.		

Filing Fee: \$25.00