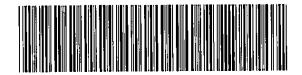
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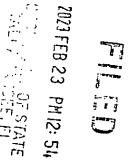
| (Requestor's Name)                      |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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|                                       | ,  | COVER LETTER  |   |  |  |
|---------------------------------------|--|---|---|--|--|
| TO: Registration Solution of Co.      |  |   |   |  |  |
| . UNIVERS                             | ·<br>AL HEALTH ADVISORS LLO                  | C   |   |  |  |
| SUBJECT:                              | Name of Lim                                  | nited 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:   |   |  |  |
|                                       | RICHARD DIAZ                                 |   |   |  |  |
|                                       |  | Name of Person  |   |  |  |
|                                       |  | Firm/Company  | ·   |  |  |
|                                       | 5550 GLADES ROAD, SU                         | JITE 500  |   |  |  |
|                                       |  | Address   |   |  |  |
|                                       | BOCA RATON, FL 33431                         | l   | 202<br>SEC<br>77  |  |  |
|                                       |  | City/State and Zip Code   | 3 FF  |  |  |
|                                       | richthehealthadvisor@gmai                    |   | tification)   |  |  |
|                                       |  | to be used for future annual report no                              | infication) $= \frac{1}{12} \omega$   |  |  |
| For further information of            | concerning this matter, please co            | all:  |   |  |  |
| RICHARD DIAZ                          |  | 347 551-6157  | PHI2: 54<br>OF STATE<br>SEE, FL   |  |  |
| Name c                                | of Person                                    | Area Code Daytii  | me Telephone Number   |  |  |
| Enclosed is a check for t             | he following amount:                         |   |   |  |  |
| ■ \$25.00 Filing Fee                  | ☐ \$30,00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| <u>Mailing Addres</u><br>Registration |  | Street Address:<br>Registration S                                   | ection  |  |  |
| Division of C                         |  | Division of Co  |   |  |  |
| P.O. Box 632                          | 27   | The Centre of   | Tallahassee   |  |  |
| Tallahassee.                          | FL 32314                                     | 2415 N. Monroe Street, Suite 810                                    |   |  |  |

Tallahassee, FL 32303

## , ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| UNIVERSAL HEALTH ADVISORS LLC   |  | <del></del>               |
|---|--|---------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited)   | Liability Company)                             |                           |
| The Articles of Organization for this Limited Liability Company Florida document number 1.23000073426             | were filed on 02/09/2023                       | and assigned              |
| This amendment is submitted to amend the following:   |  |                           |
| A. If amending name, enter the new name of the limited liab   | ility company here:                            |                           |
| he new name must be distinguishable and contain the words "Limited Liabi"   | lity Company," the designation "LLC" or        | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 5550 GLADES RD, SUITE 500                      |                           |
| Principal office address MUST BE A STREET ADDRESS)  | BOCA RATON, 33431                              | 20 <b>23</b>              |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )                       | 5550 GLADES RD, SUITE 500<br>BOCA RATON, 33431 | FEB 23 PH PSTA            |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the              | name of the new registe   |
| Name of New Registered Agent:   |  |                           |
| New Registered Office Address:  | Enter Florida street address                   |                           |
|   | , Florid                                       | la                        |
|   | 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 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                 |
|--------------|--------------|-----------------------------|--------------------------------|
| CEO          | RICHARD DIAZ | 5550 GLADES ROAD, SUITE 500 | □ Add                          |
|              |              | BOCA RATON, FL 33431        | ■Remove                        |
|              |              |                             | □Change                        |
| MGR          | RICHARD DIAZ | 5550 GLADES ROAD, SUITE 500 | <b>=</b> Add                   |
|              |              | BOCA RATON, FL 33431        | □Remove                        |
|              |              |                             | □Change                        |
|              |              | <del></del>                 | OAdd<br>Sin <b>20</b>          |
|              |              |                             | SEOK WANDER 23 Change PH 12054 |
|              |              |                             | PH 12034                       |
|              |              |                             | □Remove                        |
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| ective date, if other the effective date is listed, the effective date inserted ument's effective date. | date must be speci<br>in this block does | fic and cannot be p<br>not meet the ap | plicable statutory  |                  |                | .) Pursuant to 6   |         |
| cord specifies a delayed<br>filed.  | l effective date, b                      | ut not an effectiv                     | re time, at 12:01 a | i.m. on the earl | ier of: (b) Tl | ne 90th day af   | ter the |
| 02/17<br>:d   |  | 2023                                   |                     |                  |                | <b>ረ</b> ሱ -   |         |
| , u   |  | <del></del> ;                          | <del></del>         | 1                |                | 2023 FEB 23<br>SECOND 11 15 15 15 15 15 15 15 15 15 15 15 15 | )<br>   |

Typed or printed name of signee