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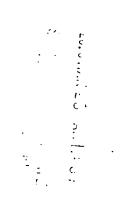
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(Add	dress)	
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(City	//State/Zip/Phone	#)
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Waters Health Center LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	<u>mpany as it now appears on our r</u> oited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000076467</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and comain the words "Limited I	Jability 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	<u> </u>	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		i
Mailing address MAY BE A POST OFFICE BOX)		-
SHARING MARIES STATE BE A LOST OF FREE BOXY		·
		(
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sireet o	iddress
		_, Florida
	City	_, r iorida 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.

COVER LETTER

TO: Registration S Division of Co				
	rs Health Center LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	united for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Michael Patten			
		Name of Person		
	Blue Waters Health Center	r LLC		
		Firm Company		
	5229 Willow Lake Court			
		Address		
	Sarasota, Florida 34233		:	
		City/State and Zip Code		
	drmikepatten@hotmail.con E-mail address: (to be used for future annual report notif	cation)	·
For further information	concerning this matter, please c		· <u>·</u> ·	<u>.</u>
Michael Patten		320 492-8757 at ()		
Name	of Person	Atea Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
■ S25.00 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 enclo	
Mailing Addr Registration Division of P.O. Box 63 Tallahassec	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monrod Tallahassee, FL	oorations allahassee : Street, Suite 810	

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	Michael Patten	5229 Willow Lake Court	= Add
		Sarasota, FL 34233	□Remove
			= Change
MGR	Lori Patten	5229 Willow Lake Court	■Add
		Sarasota, FL 34233	
			LIRemove
			: Change
			Remove
			Change
			<u></u> Add
			∐Remove
			Change
		·	Remove
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ctive date, if other than the d	late of filing:	(optional)
effective date is fisted, the date must be: If the date inserted in this bloc	he specific and cannot be prior to date ck does not meet the applicable st	of filing or more than 90 days auttory filing requirement	cafter filing.) Pursuant to 605.02 s, this date will not be listed :
ment's effective date on the Dep	partment of State's records.		
	date, but not an effective time, at	12:01 a.m. on the earlier	of; (b) The 90th day after th
filed.			
March 23	2023		
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11/6/14	I Vatto		
	Signature of a member or authorized r		