· •	Page: 2 of 5	2023-06-14 16:26:13 GMT	17183041175		From: Alexander Engla
6/13/23, 3:47 PM		Division of 0	Corporations		
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		ase print this page and use it as a cover shown below) on the top and bottom of all			
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JUN 1 5 2023

To:

	2023-06-14 16:26:13 G (((H230002130 ARTICLES OF		From: Alexander
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		RGANIZATION	·
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ORANGE PARK FL TW			<u></u>
	(A Florida Limited	<u>ny as it now appears on our records.</u> Liability Company))
The Articles of Organization for this L	imited Liability Company	were filed on 03/03/2023	and assigned
Florida document number 1.230001132			
This amendment is submitted to amend	the following:		
A. If amending name, enter the new	name of the limited liab	<u>ility company here:</u>	
The new name must be distinguishable and co	ntain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address,	if applicable:	c/o Lilae Health Group	
- ·	••		
<u>(Principal office address MUST BE A</u>	<u>STREET ADDRESS)</u>	2700 Westhall Lane, Suite 235	\$
(Principal office address MUST BE A	<u>STREET ADDRESS)</u>	Maitland, FL 32751	
<u>(Principal office address MUST BE A</u>	<u>STREET ADDRESS)</u>		2023
			2023
(Principal office address MUST BE A Enter new mailing address, if applica (Mailing address MAY BE A POST O	ible:	Maitland, FL 32751	
Enter new mailing address, if applica	ible:	Maitland, FL 32751 c/o Lilac Health Group	
Enter new mailing address, if applica	ible:	Maitland, FL 32751 c/o Lilac Health Group 2700 Westhall Lane, Suite 235	
Enter new mailing address, if applica (Mailing address MAY BE A POST O B. If amending the registered agent	ible: <u>FFICE BOX)</u> and/or registered office :	Maitland, FL 32751 c/o Lilac Health Group 2700 Westhall Lane, Suite 235 Maitland, FL 32751	
Enter new mailing address, if applica (Mailing address MAY BE A POST O	ible: <u>FFICE BOX)</u> and/or registered office :	Maitland, FL 32751 c/o Lilac Health Group 2700 Westhall Lane, Suite 235 Maitland, FL 32751	
Enter new mailing address, if applica (Mailing address MAY BE A POST O B. If amending the registered agent agent and/or the new registered offic	able: <i>FFICE BOX)</i> and/or registered office a <u>e address here</u> :	Maitland, FL 32751 c/o Lilac Health Group 2700 Westhall Lane, Suite 235 Maitland, FL 32751	
Enter new mailing address, if applica (Mailing address MAY BE A POST O B. If amending the registered agent	able: <i>FFICE BOX)</i> and/or registered office a <u>e address here</u> :	Maitland, FL 32751 c/o Lilac Health Group 2700 Westhall Lane, Suite 235 Maitland, FL 32751	
Enter new mailing address, if applica (Mailing address MAY BE A POST O B. If amending the registered agent agent and/or the new registered offic	able: <u>FFICE BOX)</u> and/or registered office : <u>e address here</u> : <u>:nt</u> :	Maitland, FL 32751 c/o Lilac Health Group 2700 Westhall Lane, Suite 235 Maitland, FL 32751 address on our records, <u>enter fl</u>	
Enter new mailing address, if applica (Mailing address MAY BE A POST () B. If amending the registered agent agent and/or the new registered offic Name of New Registered Age	able: <u>FFICE BOX)</u> and/or registered office : <u>e address here</u> : <u>:nt</u> :	Maitland, FL 32751 c/o Lilac Health Group 2700 Westhall Lane, Suite 235 Maitland, FL 32751	
Enter new mailing address, if applica (Mailing address MAY BE A POST () B. If amending the registered agent agent and/or the new registered offic Name of New Registered Age	able: <u>FFICE BOX)</u> and/or registered office : <u>e address here</u> : <u>:nt</u> :	Maitland, FL 32751 c/o Lilac Health Group 2700 Westhall Lane, Suite 235 Maitland, FL 32751 address on our records, <u>enter fl</u>	Le name of the new registered

Thereby 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.

To:

17183041175

(((H23000213062 3))) If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			🛛 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

JUNE 13th Dated	2023	
	Mr. MARI	
	Signature of a member or authorized representative of a member	
	Robert Schoenfeld	
	Typed or printed name of signee	

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