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☐ PICK-UP	WAIT	MAIL
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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 S Division of Co		•
Merit Hea	aring Jupiter, LLC	•
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	condence concerning this matter	to the following:
	Kurt Walker	
		Name of Person
	Merit Hearing Jupiter, LL	С
		Firm/Company
	4600 Military Trail. Suite	108
Address		Address
	Jupiter, FL 33458	
		City/State and Zip Code
	kewlker@gmail.com	70
	E-mail address: ((to be used for future annual report notification)
For further information	concerning this matter, please c	all:
Kurt Walker		319 329-2016 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	<u> </u>
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section
	Corporations	Registration Section Division of Corporations
P.O. Box 63	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

Merit Hearing Jupiter, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 6/7/2023 _____ and assigned Florida document number ______L23000276854 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 contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Dr. Andrew Keiner	4600 Military Trail, Unit 108	
		Jupiter, FL 33458	■Remove
			☐ Change
AMBR Merit Hearing, LLC	Merit Hearing, LLC	2910 Westown Parkway, Suite 110	
		West Des Moines, IA 50266	□Remove
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			□Add
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			Remove
			Change

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be price If the date inserted in this block does not meet the applicument's effective date on the Department of State's record.	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.02 cable statutory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ted July 21 , 2023	
Not Nah	norized representative of a member