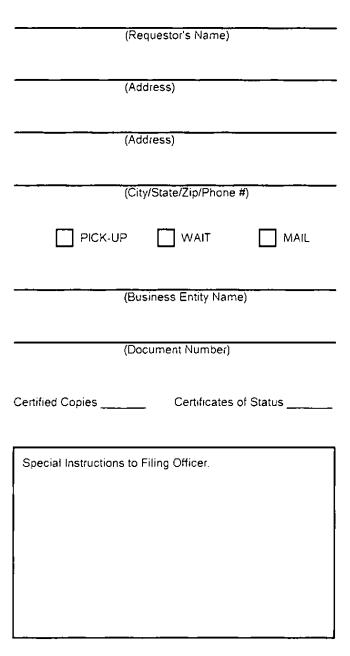
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COVER LETTER

TO:	Registration Section Division of Corpora	n tions		•	w r
SUBJ	ест: <u>. ННС</u>	Provider (Services LLC lited Liability Company	?	
The e	nclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.		
Please	return all corresponden	ce concerning this matter	to the following:		
	-	Tyson	Hutchi Son Name of Person		
	-	HHC Provi	der Services Firm/Company	UC	
	_	PO BOX 4	Address		
		Felda PL hutch 233	City/State and Zip Code 7 & gmail, co to be used for future annual rep	ont notification)	
For fu		ming this matter, plcase ca		,	
7	/Son /fute, Name of Pers	Vison on	at (<u>94/</u>) <u>J</u> Area Code	64-9/67 Daytime Telephone	Number
Enclos	sed is a check for the fol	lowing amount:			
;s ⊏	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	od) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HHC Provider So	ervices LLC				
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)				
The Articles of Organization for this Limited Liability Comp.	pany were filed on $\frac{8/7/2023}{}$ and assigned				
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 I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	26.7				
(Principal office address MUST BE A STREET ADDRES:	<u>s</u>				
	:				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered				
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 Ag					
provisions of all statutes relative to the proper and comp	l agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability				

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 Title **Address** Type of Action AMBR Heather Untellison 2503 County Road 830 DAdd Felda, FL 33930 Remove □Change AMBR Tyson Hutchison 2503 Country Road 830 XAdd Felda FL 33930 Remove MGR Tyson/futchison 2503 Country Road 830 DAdd

Felda, FL 33930 Remove _____ □Change ______ Change _____ □Remove □Change \square Add _____ □Remove □Change

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effective d	ate is listed, the date inserted i	date must b	be specific an	d cannot be pri	or to date of fil licable statuto	ing or more the	an 90 days afte	r filing.) Purs	aiant to 605.0 not be listed
ment`s e	ffective date of	on the Dep	partment of	State's record	is.				
ord speci	fies a delayed	l effective	date, but no	ot an effective	time, at 12:0	I a.m. on th	e earlier of: (b) The 90t	h dav after
filed.									•
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