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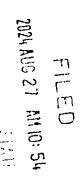
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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Healthcare Management Company, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kristin Van Meter Name of Person Healthcare Management Company, LLC Firm/Company 1009 West Cleveland Street Address Tampa, FL 33606 City/State and Zip Code kvanmeter@humanpotentialhe.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kristin Van Meter Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **S30.00** Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee ☐ \$55,00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthcare Management Company,					
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Li	ability Company	were filed on 8/10/2023	and assigned		
Florida document number 1.23000377227	·				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		1009 West Cleveland Street			
Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33606			
Inter new mailing address, if applicable:		PO Box 2731			
Mailing address MAY BE A POST OFFICE BOX)		Oldmsar, FL 34677			
3. If amending the registered agent and/or r gent and/or the new registered office addres		address on our records,	enter the name of the new register		
Name of New Registered Agent:	Kristin Van Me	eter			
New Registered Office Address:	New Registered Office Address: 1009 West Cleveland Street				
	Enter Florida street address				
	Tampa		, Florida <u>33606</u>		
		Ciţv	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.

Kuster Van Allet 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
Manager	Kristin Van Meter	1009 West Cleveland Street	
		Tampa, FL 33606	
			Change
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		-	□Remove
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effective date is listed, the date mus				
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cord specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
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Amust 20th	2024			
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RuttaVa	Signature of a mambar or and	parized representative	af a member	
ed August 20th LuittaVa	AUREUE Signature of a member or auth	horized representative of	of a member	