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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Britta Heal	L (_
	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	utter to the following:
Rrit	tany Korell
	Name of Person
	Firm/Company
	• •
<u>8 27</u>	VOCECIA Address
v	Address
()vm	and Rough El 27171.
	City/State and Zip Code
brit	ess: (to be used for future annual report notification)
E-mail addre	ess: (to be used for future annual report notification)
For further information concerning this matter, plea	se call:
Distant 1	300 200 8086
Name of Person	at (381e) 341 8989 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(additional copy is enerosed)
	c 5
Mailing Address:	
Registration Section	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

Dritta Healthil	LC	
(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2300039195</u>)	y were filed on 08 21 12023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial Panorama Health, LLC	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	8 Rivorpan Dr. Ormand Beach FL	
(Principal office address MUST BE A STREET ADDRESS)	Ormand Beach FL	32176
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8 Rivocean Dr. Ormund Beach Fl	32174
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		65
	Enter Florida street address	: در
	Florida	ယ္ Zip Gode
	City	Zip Gode

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.

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>	Address	Type of Action
			□Remove
			Change
			
		.	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Remove
			□Change

ctive date, if other than the date of filing:				
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed intent's effective date on the Department of State's records. Ord 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 specifies and the specifies and the same of the same				
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d April 10 . 2024.	acd April W	. 2024		
Signature of a member or authorized representative of a member	Signature of a	member of authorized repres	entative of a member	
Brittany Korell Typed or printed name of signee	P.	Ltana Va	~!!	

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