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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	an Society Name of Line	Health Lited Liability Company	1C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Pyan Dar	Name of Person	
		Firm Company	
	5001007	Bost Boint A	
	(anda/)	City/State and Zin Code	Com .
For further information e	E-mail address: (to be used for future annual report notif all:	ication)
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration Sec Division of Con	

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

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

(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 0911/2073 and assigned Florida document number 1230012129
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: HI SOUTH HEALTH (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)
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
florido

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 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
			□Add
			□Remove
			□Change
		 	
			🗀 Remove
		<u> </u>	□Change
			□Add
			ElRemove
			□Change
			Remove
			□Change
			🗓 Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note: If the date inserted	han the date of filing:
If the record specifies a delaye record is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated OU OS	24 Jues# 2024.
	Signature of a member or authorized representative of a member Typed or printed name of signee

Filing Fee: \$25.00