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COVER LETTER

Division of Corporations Palmetto Comprehensive Health Clinic, 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: Emil Fertil Name of Person Firm/Company 11261 SW 164th Terrace Address Miami, Florida 33157 City/State and Zip Code efchanoine@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 924-4697 Emil Fertil Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section

Registration Section Division of Corporations

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our r I Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan Florida document number 1.23000430356	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Palmetto Comprehensive Health Center, LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		1973 OCH (S. Danbar)
Enter new mailing address, if applicable:		18 PH %10
Mailing address MAY BE A POST OFFICE BOX)		0 4 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>e</u>	enter the name of the new registe
N 5 1 100 411		
New Registered Office Address:	Enter Florida street e	address
		Florida
	City	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.

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
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