L23000459372

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Sec Division of Corp		ı	*
Mobile Hea	Ith Options LLC		
SUBJECT:		ted Liability Company	
		S. I.A. EP	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Denise McPherson		
		Name of Person	
	Mobile Health Options LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. Image of Person Denise McPherson		
		Firm/Company	
	2210 SE 8th St		1000年
		Address	
	Cape Coral Fl 33990		700
	**	City/State and Zip Code	7.1
	E-mail address: (to be used for future annual report notifi	cation)
For further information e	oncerning this matter, please c	all:	
Denise McPherson			
Name o	d Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
		•	
Mailing Addre	ss:	Street Address:	
Registration	Section	_	
	•		
			Street, Suite 810
Tallahassee,	ΓL 34314	Zer I J 19. IVIOITIO	Sucon Dune Oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobile Health Options LLC			
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited I	Liability Company were filed o	n _10/4/2023	and assigned
Florida document number L23000459372	 .		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compar	<u>ıy here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	:-{	SEC 2023
	-	-	
Enter new mailing address, if applicable:			7-1 Land
(Mailing address MAY BE A POST OFFICE	EBOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.	—	ur records, <u>enter the name of</u>	rii 🛈
Name of New Registered Agent:	Denise McPherson		
New Registered Office Address:	2210 SE 8th St		
-	Ente	r Florida street address	
	Cape Coral	, Florida <u>33990</u>	
	Cin	7	Lip 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BRIX PM LLC	2210 SE 8th St	□Add
		Cape Coral FI 33 990	≣Remove
			□Change
MGR	Denise McPherson	2210 SE 9th St	■Add
		Cape Coral FI 33990	SET 233
			□Change
			C C C C C C C C C C C C C C C C C C C
			Remove □
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			□(`bange

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Simple of a method of a member	Dated	7	1100	<u> </u>			
Signature of a memory of authorized representative of a memory	/i /						

Filing Fee: \$25.00