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

TO: Registration Section Division of Corpo			
SUBJECT: Print	CE Health Care Name of Limit	OUP LLC led Liability Company	
The anclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing	
Please return all correspond	lence concerning this matter to	o the following:	
	Christophe	Name of Person	
		Firm/Company	
	600 Fairway 1	Orive Ste 206 Address	76.5
	Decrfield Beau	ch , FL 33441 City/State and Zip Code	
		ncgill & Orinichealth obe used for future annual report noti	group com  Heation)
For further information con	cerning this matter, please ca	dl:	, 0
Christopher Name of 1		at ( <u>585</u> ) 738	- 5949 e Telephone Number
Enclosed is a check for the	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 Address:</u> Registration Se		Street Address: Registration Se	ction
Division of Co	rporations	Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prince Health Group	LLC
(Name of the Limited Liability Compa (A Florida Limited I.	liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000488180</u>	were filed on $10/25/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	600 Fairway Drive Ste 206 Deerfield Beach, FL 33441
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Ste 206 Deerfield Beach, FL 334413
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 600 Fa	ITWAY Drive Ste 206 Enter Florida street address
Deerfield	d Beach Florida 33441  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>	Name	Address	Type of Action
			□Add
		<u></u>	□Remove
			□Change
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date : If the date inserted in this block does not meet the applicable s	e of filing or more than 90 days after filing.) Pursuant to 605.0
iment's effective date on the Department of State's records.	naturory ming requirements, this date with the se inseed
cord specifies a delayed effective date, but not an effective time, at	t 12:01 a.m. on the earlier of: (b) The 90th day after t
filed.	
ed February 13 2024.	
ed February 13 2024.  Signature of a member or authorized	
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