Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000416286 3)))



H230004162863ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

rlops@parasec.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIVERSAL HEALTH SCREENING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	S25.00

Electronic Filing Menu Corporate Filing Menu

Help

DEC 0 1 5053 T. LEMIEUX To: 18506176383 From: 19166105073 Date: 12/06/23 Time: 3:37 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ţ

(Name of the Limited Liability Compa (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	were filed on <u>11/22/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ality Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	725 N Highway A1A	
Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 3347	
Enter new mailing address, if applicable:	725 N Highway A1A	
Mailing address MAY BE A POST OFFICE BON	Jupiter, FL 33477	
		
	address on our records, enter the na	me of the new registe
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		me of the new registe
Name of New Registered Agent:	address on our records, enter the na Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address , Florida, Florida	29
Name of New Registered Agent:	Enter Florida street address Florida Florida	•

To: 18506176383 From: 19166105073 Date: 12/06/23 Time: 3:37 PM Page: 04/05

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
			🗆 Add
			Remove
		 	Change
			🗆 Add
			🖸 Remove
		 	[] Change
			🗆 Add
			Remove
			□Change
			🗆 Add
			Remove
			[] Change
		·	□ Add
			□Remove
			[]]Change

lf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	· · · · · · · · · · · · · · · · · · ·
_	
	
	······································
-	
<u></u>	
_	
_	
If an effect Note: If	the date, if other than the date of filing:
e record : rd is filed	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 i.
Dated _	December 04 , 2023 .
	<u>CB</u>
	Signature of a member or authorized representative of a member
	EDWARD BRAUNSTEIN

To: 18506176383 From: 19166105073 Date: 12/05/23 Time: 3:37 PM Page: 05/05

Filing Fee: \$25.00