Division of Corporations

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

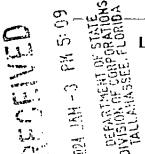
From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:____



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOPE HEALTH GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

HAN 04 2024

Fax: 8134365206

ARTICLES OF AMENDMENT TO; ARTICLES OF ORGANIZATION OF

र्भें Hope Health Group LLC
(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 and assigned and assigned
Florida document number L23000547610
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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 register agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street 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.

1/3/2024 13:08:26 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 8134365206

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>	<u>Address</u>	Type of Action
AMBR	Kamran, Mohammad	7901 4th St N	X Add
		STE 300	□Remove
		St. Petersburg, FL 33702	□Change
			□ Add
			DRemove
			Change
	<u> </u>	-	□Add
			□Remove
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To: 18506176383

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Note:	If the date inserte	the date must be speci d in this block does e on the Departmer	not meet the appl	icable statutory filir	nore than ⁹ 0 days after fiting requirements, this da	l) ng.) Pursuant to 605,0207 (te will not be listed as t
ne recor	rd specifies a delay led.	ed effective date, b	ut not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	01/03		2024			
		·		horized representative		

Typed or printed name of signee