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COVER LETTER

	Registration Division of C	Section Corporations		
SUBJEC		Health LLC		
SUBJEC	1.	Name of Lin	nited Liability Company	
The enclo	sed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all corres	spondence concerning this matter	to the following:	
		Jose A Silva		
			Name of Person	
			Firm/Company	
		12860 Daybreak CT E		
		Jacksonville, Florida 3224	6	
		dignitashcalth@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For furthe	r information	concerning this matter, please of	all:	
Jose A Si	lva		904 422-8038	
	Малк	c of Person	at () Area Code Days	time Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25. 0	0 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)
	failing Addr		Street Address:	,
	Registratior Division of	i Section Corporations	Registration S Division of C	
	O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIGNITAS HEALTH LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	 -
The Articles of Organization for this Limited Liability Company	were filed on January 29, 2024	and assigned
Florida document number L24000052392		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:	6817 Southpoint Parkway	
(Principal office address MUST BE A STREET ADDRESS)	Suite 802	
	Jacksonville, Florida USA 32216	
Enter new mailing address, if applicable:	12860 Daybreak CT E	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Florida USA 32246	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of t	he new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□Add
			□Remove
			[] Change
			□Add
			
			Change
			□ Add
			□Remove
			Change
			
			□Remove
			□ Change

<u>te:</u> If	edate, if other than the date of filing:
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	March 12, 2024
ed	· · · · · · · · · · · · · · · · · · ·
ed	r.)
ted	Signature of a member or authorized representative of a member Sole H. Single M. Typed or printed name of signee