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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEALTHCARE CONSULTANTING LLC**

Certificate of Status	0
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AMENDED AND RESTATED ARTICLES OF ORGANIZATION**FOR****HEALTHCARE CONSULTANTING LLC
A FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to Section 605.0202 of the Florida Revised Limited Liability Act, the undersigned, being the Manager of Healthcare Consultanting LLC (hereinafter "**Company**"), a Florida limited liability company, and desiring to amend and restate its Articles of Organization, do hereby certify:

FIRST: The Articles of Organization of the Company were filed with the Secretary of State of Florida on April 02, 2024, Document Number L24000152020.

SECOND: These Amended and Restated Articles of Organization, which supersede the original Article of Organization and all amendments to them, were adopted by the Manager of the Company.

THIRD: To effect the foregoing, the text of the Articles of Organization is hereby restated and amended as herein set forth in full.

ARTICLE I.**Name**

The name of the Limited Liability Company is: Impact Health Consulting LLC (the "**Company**").

ARTICLE II.**Address**

The principal office and mailing address of the Company is:

5138 SE 14th Pl
Ocala, FL 34471

ARTICLE III.**Registered Agent and Registered Office**

The name and the Florida street address of the Registered Agent is:

FLP RA Services LLC
360 Central Avenue
Suite 800
St. Petersburg, Florida 33701

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this

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capacity. I further agree to comply with the provisions of all statutes relating 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.

Jeanne M. Carfagno

(sign)

FLP RA Services LLC

ARTICLE IV.

Authorized Members and Managers

The name and address of each person authorized to manage and control the limited liability company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Matthew W. Clay 5138 SE 14th Pl Ocala, FL 34471

ARTICLE V.

The Effective date shall be the date of filing.

Matthew W. Clay

(sign)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third-degree felony as provided for in s.817.155, F.S.

Matthew W. Clay

Authorized Representative/Member