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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations					
CHOLFCT.	Imperial He	ealth Agency LLC					
SUBJECT:		Name of Lim	ited Liability Company	·····			
The enclosed	1 Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	indence concerning this matter	to the following:				
		Faith Hurlburt					
			Name of Person				
			Firm/Company				
		600 Fairway Drive Ste 206	,				
			Address				
		Deerfield Beach, FL 3344	<u> </u>				
			City/State and Zip Code				
		kaleyablake@royaltyhealth	group.com to be used for future annual report no	differion			
For further in	nformation c	oncerning this matter, please of	·	ancaron,			
Kaleya Blak	e		585 7890059 at ()				
_	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25,00 F	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)			
	iling Addres		Street Address:	ection			
Registration Section Division of Corporations			Registration S Division of Co				
•				Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Imperial Health Agency LLC

Agency LLC:

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

2024 SEP 12 AM 10: 50 The Articles of Organization for this Limited Liability Company were filed on

| 04/29/20245ECRETARY OF SIATE | TALLAHASSEE, FI Florida document number 1.24000198242 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 registered agent and/or the new registered office address here: Faith Hurlburt Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida _______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>	<u>Name</u>	Address	Type of Action
MGR	Alyssa Tonsager	600 Fairway Drive	□Add
		Stc 206	■Remove
		Deerfield Beach, FL 33441	
MGR	Faith Hurlburt	600 Fairway Drive	
		Ste 206	
		Deerfield Beach, FL 33441	
			□Add
		.	□Remove
			□Change
			□Add
			□Remove
			Change
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			□Remove
			□Change

					
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