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.

(((H24000360377 3)))



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 : ZENBUSINESS INC. Account Number : I20230000190

Phone

: (844)449-3624

Fax Number

: (512)597-0678

\*\*Enter the email address for this business entity to be used for-fifture ≦annual report mailings. Enter only one email address please ः

Enail the state of	Address:
C311-	

ä

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DR-KAMEHA JOHNSON-MCCALLA HEALTHCARE CONSULTING

等企业的 G G (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

LL

OC1 30 5054

Electronic Filing Menu

Corporate Filing Menu

Неір Хиэмэл т

(((H24000360377.3)))

Īo:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((1124000360377.3)))

Dr. Kameha Johnson-McCalla Healthcare Consulting			
(Name of the Limited Liability Compa (A Florida Limited I	my as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.24000235323	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the	ne abbreviation "E.L.C."	
Enter new principal offices address, if applicable:	401 East Jackson Street 2340-K49		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33602		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	401 East Jackson Street 2340-K49 Tampa, FL 33602	7 11 .E.C. FH.	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	S S S S S S S S S S S S S S S S S S S	
Name of New Registered Agent:			
New Registered Office Address:	Emer 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.

If Changing Registered Agent, Signature of New Registered Agent

Page: 3 of 4

To:

2024-10-30 07:56:10 UTC+14

18506176383

From: ZenBusiness User

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 (((H24000360377.3)))

<u>Title</u>	Name	Address	Type of Action
AMBR	Johnson McCalle, Kameha	360 Creamery Way	□Add
		Exton, PA 19341	_
			<b>■</b> Change
			□Remove
			[]Change
		***************************************	🗀 Add
			Remove
			Change
		·	CRemove
			□ C'hange
			□Remove
			□Add
			□Reniove
			□Change

From: ZenBusiness User (((H24000360377.3)))

D. If amending any other informs	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
		_
		<del></del>
***		<del></del>
*****		_
		<del>-1</del>
		-
<u> </u>		
		_
		_
		_
		<del></del>
		_
		<u></u>
Note: If the date inserted in this b	e date of filing:  (optional)  ist he specific and councile prior to date of Illing or more than 90 days after fiting.) Pursuant to oblock does not meet the applicable statutory filing requirements, this date will not be liberarement of State's records.	05.0207 (3)( sted as the
f the record specifies a delayed effective ecord is filed	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day af	ter the
Dated October 29	2024	
/s: Kameha Johns	son McCalla	
	Signature of a member or authorized representative of a member	
Kameha Johnson McCi	alla	
	Typed or numericanne of single	

Filing Fee: \$25.00