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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

| TO: Registration Se<br>Division of Cor |  |  |   |
|--|--|--|---|
| SUBJECT: Southeast S                   | uperior Health, LLC                          |  |   |
|  | Name of Lim                                  | ited Liability Company                               | <del></del>   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.                                   |   |
| Please return all correspo             | ndence concerning this matter                | to the following:                                    |   |
|  | Eric J. Weisz                                |  |   |
|  |  | Name of Person                                       |   |
|  |  | Firm/Company   |   |
|  | 2592 Ashford Ct                              |  |   |
|  |  | Address  |   |
|  | Orange Park, FL 32073                        | City/State and Zip Code                              |   |
|  | weisz@southeastsuperiorhe                    | •  | . 201   |
|  | E-mail address: (                            | to be used for future annual report notification)    | 81 A2014-002  |
| For further information c              | oncerning this matter, please c              | all:   | 28  |
| Eric J. Weisz                          |  | at (904 ) 742-3567                                   |   |
| Name o                                 | f Person                                     | Area Code Daytime Telephone N                        | umber S   |
| Enclosed is a check for the            | ne following amount:                         |  |   |
| □ \$25.00 Filing Fee                   | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy Cer (additional copy is enclosed) Cer | .00 Filing Fee, raificate of Status & raified Copy litional copy is enclosed) |
| Mailing Address                        | <del></del> -                                | Street Address: Registration Section                 |   |
| Registration S<br>Division of C        |  | Division of Corporations                             |   |
| P.O. Box 632                           | -  | The Centre of Tallahassee                            |   |
| Tallahassee, l                         | FL 32314                                     | 2415 N. Monroe Street, Su                            | iite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Southeast Superior Health, LLC   |  |                                |
|--|--|--------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited l   | ny as it now appears on our record<br>Liability Company) | <u>(5.</u> )                   |
| The Articles of Organization for this Limited Liability Company  | were filed on July 1, 2024                               | and assigned                   |
| Florida document number 1.24000294318  |  |                                |
| 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 Liabi  | lity Company," the designation "LLC                      | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | 2592 Ashford Ct  |                                |
| (Principal office address MUST BE A STREET ADDRESS)  | Orange Park, FL 32073                                    | 2021 1107                      |
|  |  | <u> </u>                       |
|  |  |                                |
| Enter new mailing address, if applicable:  | 2592 Ashford Ct  | <u> </u>                       |
| (Mailing address MAY BE A POST OFFICE BOX)   | Orange Park, FL 32073                                    | ن                              |
|  |  | -<br>-১                        |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent: | address on our records, <u>enter</u>                     | the name of the new register   |
| New Registered Office Address:   |  |                                |
|  | Enter Florida street addres                              | <b>35</b>                      |
|  |  | orida                          |
|  | 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> | <u>Name</u>   | Address                                | Type of Action   |
|--------------|---------------|--|--|
| CEO          | Eric J. Weisz | 2592 Ashford Ct, Orange Park, FL 32073 | <b>\equiv</b> Add  |
|              |               | <del></del>                            | □Remove  |
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| Eric J. Weisz, CEO, 2592 Ashford Ct, Orange Park, FL 32073 - please   |   |
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| ective date, if other than the date of filing:  | (optional)  |
| effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory |   |
| rument's effective date on the Department of State's records.   |   |
|   |   |
| cord specifies a delayed effective date, but not an effective time, at 12:01 is filed.  | a.m. on the earlier of: (b) The 90th day after th |
|   |   |
| ed Nivember 18, 2004.   |   |
| Signature of a member or authorized represen  |   |
|   |   |

Typed or printed name of signee