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## **COVER LETTER**

TO: Registration Se Division of Cor			
	NDATION PRESERVATION	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BLAKE HAYWARD		
		Name of Person	
	HAYWARD TITLE GRO	UP	
		Firm/Company	
	2121-G KILLARNEY WA	ΛY	SECT SECT SECT SECT SECT SECT SECT SECT
		Address	一直
	TALLAHASSEE, FL 3230	09	25 P
		City/State and Zip Code	
	blake@haywardtitlegroup.c		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
BLAKE HAYWARD		850 386-4400	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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)
Mailing Address Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	
Tallahassee.			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMS FOUNDATION PRESERVATION, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{7/1/2024}{}$ and assigned L24000295851 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MEDICAL HEALTH PRESERVATION, LLC 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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
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ffective date, if other than an effective date is listed, the date sote: If the date inserted in thi ocument's effective date on the	nust be specific an block does not	id cannot be prior meet the applic	to date of filing or able statutory fil	more than 90 days	optional) after filing.) Pursua , this date will no	nt to 605.020 t be listed as
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pated JULY 24	<del></del>	- / 1 //				
Dated JULY 24	Signature of a	Male a member or author	mized representati	ve of a member		

Filing Fee: \$25.00