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COVER LETTER

TO:

Registration Section

Division of C	orporations		
		ALTH APPROACH LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for tiling.	
Please return all corres	pondence concerning this matter	to the following:	
		SILVIA VILLAVICENCIO	
		Name of Person	
	CLAI	RITY HEALTH APPROACH LLC	
		Firm/Company	
	13	170 SW 128TH ST UNIT 200	
		Address	
		MIAMI, FL 33186	
	sv	City/State and Zip Code illavicencio717@gmail.com	
		(to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
SILVIA VII.	LAVICENCIO	at ()	
Name	of Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certified Copy Certificate of Sectional copy is enclosed) Certified Copy (additional copy is enclosed)	Status & v
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLARITY HEALTH	APPROACH LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	08/26/2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company hei	<u>.e</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13170 SW 128TH ST UNIT 200	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 3313	36
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13170 SW 128T MIAMI, FL 3318	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our re	cords, <u>enter the name of the new registerc</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	la 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

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	CLAUDIA CALDERIN	16431 SW 141 AVE	□Add
		MIAMI, FL 33177	
			□Change
MGR	KARLA A. GARCIA CRUZ	1446 EAST MOWRY DRIVE APT 102	■Add
		HOMESTEAD, FL 33033	□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
			DAdd
			□Remove
			□ Change
			□Add
			Change
	•		Constitution of the consti

If amendi	ing any other information, enter c	hange(s) here: (Attach additional shee	ets, if necessary.)
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Note: If the	he date inserted in this block does not i	g: d cannot be prior to date of filing or more than 90 meet the applicable statutory filing require State's records.	ments, this date will not be listed as the
e record sp ord is filed.		t an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated	NOVEMBER 21ST	2024	60
	lin line	Pra VIllamico	
	Signature of a	member or authorized representative of a memi	her on
		SILVIA VILLAVICENCIO	08 F
		Typed or printed name of signee	E FI

Filing Fee: \$25.00