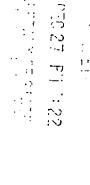
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	JI OENII 3
	DEC 2 V 2020

Office Use Only



800420631258





APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of
State: Catalyst MSO, LLC	
Enter new principal office address, if applicable:	N/A 22
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	77 77 722
2. The Florida document number of this limited lia	bility company is: M23000002518
3. Jurisdiction of its organization: Texas	
4. Date authorized to do business in Florida: 02/2	7/2023
SECTION II (5-9 complete only the applicable of	
5. New name of the limited liability company: Ca	atalyst Care Connect, LLC
(must	t contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name (C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	Florida
	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	it and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
···································			□Remove
_ _			□Add
			□Remove
			□Add
		<u></u>	□Remove
<u></u>			□Add
aforementioned ar	ficate, if required; no more than 90 d mendment(s), duly authenticated by the the law of which this entity is organic	ne official having custody of records in th	□Remove e

Filing Fee: \$25.00

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697 .



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on March 23, 2023, CATALYST MSO, LLC, a Domestic Limited Liability Company (LLC) (file number 804776330). changed its name to Catalyst Care Connect, LLC.

> In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 20, 2023.



Phone: (512) 463-5555

Jane Nelson Secretary of State