## L22000524471

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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## COVER LETTER

10:	Division of Cor					
		MILY HEALTH CARE LLC				
SUBJEC	CT:					
						207
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		<u>.</u> .	23 JU
Please re	eturn all correspo	ondence concerning this matter	to the following:			<u>.</u> −2
		MARIO ABALLE MOSÇ	PUEDA			2023 JUL -5 PH 12: 42
			Name of Person		-	2: -
		UNION FAMILY HEAL?	TH CARE LLC			72
			Firm/Company	····	_	
		621 9TH ST SW				
			Address	···	_	
		NAPLES FL 34117				
			City/State and Zip Code	•	_	
		marioaballe@gmail.com	to be used for future annual report no	tification)		
For furth	er information c	oncerning this matter, please c		,,,,,		
			239 240-1406			
MARIO ABALLE MOSQUEDA  Name of Person		at ()	ne Telephone Numbe			
	Name o	i i cison	Area Code Dayin	ne retepitone rountoe		
Enclosed	I is a check for th	ne following amount:				
<b>≘</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Sta	tus &
	Mailing Addres		<u>Street Address:</u>			
Registration Section Division of Corporations		Registration Se Division of Co				
	P.O. Box 632	-	The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ÖF

UNION FAMILY HEALTH CARE 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 06/27/2023 and assigned Florida document number \_\_\_\_\_\_L22000524471 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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>	<u>Address</u>	Type of Action
MGR	YUDIT ALMENARES CRUZ	1765 18TH AVE NE	□Add
		NAPLES FL 34120	Remove
			□Change
	<del> </del>	····	□Add
			DRemove  CH CHange  CO CHANGE
			PAdd  1.2.  1.2.  1.3.  1.4.  1.3.  1.4.
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