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COVER LETTER

ANGEL ANAEL HEALTH SERVICES LLC

TO: Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:				~	
	Name of Lim	nited Liability Company		_	
				_	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		1	
				a	
Please return all correspondence	ndence concerning this matter	to the following:		22	
				: ¢	
		GLADYS LAPIERRE		ر	
		Name of Person			
	ANGEL A	NAEL HEALTH SERVI	ICES LLC		
		Firm/Company			
1483 SW 106TH AVE					
		Address	-		
	РЕМВ	ROKE PINES FL 33025			
		City/State and Zip Code			
	GI	LADOSH8@YAHOO.CC)M		
		to be used for future annual			
For further information c	oncerning this matter, please c	all:			
GLADYS I	APIERRE	954 66° at ()	7-2207		
Name o	f Person	Area Code	Daytime Telephone Nu	mber	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc	Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)	
Mailing Addres	s:	Street A	ddress:		
Registration S			ation Section		
Division of C			n of Corporations		

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023
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ANGEL	ANAEL HEALTH SERVICES LLC	œ
(Name of the Limited Lia (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	30
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
ANGEL ANAEL	MEDICAL CENTER, LLC	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
			Remove
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in effective date is	listed, the date mus inserted in this ble	t be specific ar	nd cannot be j	orior to date of	f filing or more	than 90 days a	after filing.) F	ursuant to 605.020
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Filing Fee: \$25.00