

# LD3000011500

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (950) 617-6383

From:

Account Name : Vcorp SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN U.S. MEDICAL CARE HOLDINGS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

AUG 30 2021

S. PRATHER

DocuSign Envelope ID: 43241260-03EF-424A-8020-F0EFA7A8B47D

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

U.S. MEDICAL CARE HOLDINGS, L.L.C.

(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 04/01/2003 and assigned  
Florida document number L03000011500.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

1210 W 13th St

**(Principal office address MUST BE A STREET ADDRESS)**

Riviera Beach, FL 33404

**Enter new mailing address, if applicable:**

1210 W 13th St

**(Mailing address MAY BE A POST OFFICE BOX)**

Riviera Beach, FL 33404

**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:

Vcorp Services, LLC

New Registered Office Address:

5011 South State Road 7, Suite 106

*Enter Florida street address*

Davie

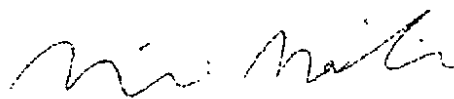
Florida 33314

*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**

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If attaching 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>	<u>Type of Action</u>
CEO	Zackon, Ryan	1210 W. 13TH ST.	<input checked="" type="checkbox"/> Add
		RIVIERA BEACH, FL 33404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	BERGMAN, ALAN	1210 W. 13TH ST.	<input checked="" type="checkbox"/> Add
		RIVIERA BEACH, FL 33404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Pres	MINTON, DARREN	1210 W. 13TH ST.	<input checked="" type="checkbox"/> Add
		RIVIERA BEACH, FL 33404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Sec	CERVANTES, ALFONSO J.	1210 W. 13TH ST.	<input checked="" type="checkbox"/> Add
		RIVIERA BEACH, FL 33404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MOULAVI, SASSON		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

12. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal black lines across its entire width. The margins are uniform on all sides, and there is no handwriting or other markings present.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August, 2021

Darren Minton

~~514545085545~~

Signature of a member or authorized representative of a member

Darten Minton

Typed or printed name of signee

Thank You,

Kathy Long

Mailing address:

1334 SE 3rd Street,  
Cape Coral, Fl 33990

239-850-9451

[psfb@comcast.net](mailto:psfb@comcast.net)