## L0600020947

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## **COVER LETTER**

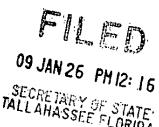
TO:	Registration Sect Division of Corpo			•
SUBJI	ест:	AZARO SUAR	EZ LLC	
u.		(Name of Limi	ted Liability Company)	
The en	closed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		L AZA	RO SUAREZ (Name of Person)	
			(Name of Person)	
			(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
		12918 s	w 47th Terrace (Address)	
		Miami F	L 33175 (City/State and Zip Code)	
For fur	ther information con	cerning this matter, please ca	ıll:	
	AZARU (Name of	SUARLZ	at (305) 458 - 97 (Area Code & Daytime T	155
	(Name of	rerson)	(Alea Code & Daytine 1	ereprione (Mainteer)
Enclos	ed is a check for the	following amount:		
□ \$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1 47480	SUARET 1	LC	MLLAHA.	SSEE FLORIDA		
(Name of the Limited Lize (A Flo	ibility Company as it novorida Limited Liability Co	w appears on ou ompany)	ur records.)			
The Articles of Organization for this Limited Liabi		don <u>Kebrua</u> a	<u>w, 24,200</u>	<u>⊌</u> and assigned		
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liability comp	pany here:				
PRACTICAL HEALTH CAR The new name must be distinguishable and end with the	e Solutions An	d fundir	ng LL	C		
The new name must be distinguishable and end with the "L.L.C."						
Enter new principal offices address, if applicable	e: <u>1</u> 2	1918 s	w. 47#	Terrace 3175		
(Principal office address MUST BE A STREET A	IDDRESS) \	HIAMI,	KL. 3	3175		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	\ <u>\</u>	1918 s Miami, F	.w. 47 <sup>th</sup>	Terrace 75		
B. If amending the registered agent and/or registered agent and/or the new registered office		ress on our re	cords, <u>enter</u>	the name of the new		
Name of New Registered Agent:	YusLe	NY CR	.42			
Name of New Registered Agent: YUSLENY CRUZ  New Registered Office Address: 12918 S.W 47 + RRACE						
(Enter Florida street address)						
-		_	, Florida	FL 33175		
Nam Designated Assetts Signature if changing Des	(City)			(Zip Coae)		

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 608, 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 Changlag Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Address <u>Title</u> Name | LAZARO SUAREZ \_ Add Remove ☐ Add Remove Add MGR Elio CABRERA 5242 sandy shell brive Apollo Reach, FL 33575 MGMR Enrique VAZquez Add 🔽 Remove LAZARO SUAREZ 6865 BAY DRIVE #13 Liami Beach FL 33141 MGRM Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member LAZARU SYAREZ
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00