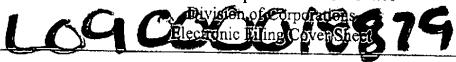
## Florida Department of State



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000372968 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

5

j.

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2180 Fax Number : (954)583-4117

\*\*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 PARAMOUNT URGENT CARE OF THE VILLAGES, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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K. Brumbley

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## **COVER LETTER**

TO:		stration Section of Cor				
CHE IE		PARAMOUNT URGENT CARE OF THE VILLAGES, LLC				
SUBJECT:  Name of Limited Liability Company						
The enel	losed .	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Plcase re	etum a	ill correspon	ndence concerning this matter	to the following:		
			Michael Humphrey			
				Name of Person	n	
				Firm/Company	<del></del>	
			6621 Point Hancock Drive	·		
				Address		
			Winter Garden, FL 34787			
			mahumphrey08@gmail.com	City/State and Zip C n to be used for future an		icetion)
For furth	i <b>er i</b> nf	ormation co	oncorning this matter, please o			
Michael	Hum	phrey		407 at (	592-8791	
		Name of	Person	Area Code	Daytime	Telephone Number
Enclosed	l is a c	theck for th	c following amount:			
<b>₽</b> \$25.	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (udditional copy	у	☐ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divi: P.O.	ng Address stration S sion of Co Box 6327 hassee, F	ection orporations	Reg Div The 241	et Address; distration Sec dision of Corp Centre of Ta 5 N. Monroe dahassee, FL	porations allahassee Street, Suite 810

H22000372968

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L09000018879	were filed on 02/25/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MHAE Villages, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	oddress on our records, enter the na	me of the new register
Name of New Registered Agent:		20
New Registered Office Address:		22 N
	Enter Florida street address , Florida	N FE
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Codeo
hereby accept the appointment as registered agent and agre	on to not in this amount of finding	

Thereby 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

## H22000372968

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
MGR	Humphrey, Michael	6621 Point Hancock Drive	□Add
		Winter Garden, FL 34787	□Remove
			Change
MGR	Easterling, Adrian J	15101 Pendio Drive	
		Moniverde, FL 34756	□ Remove
			■Change
			DAdd
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Chanas

D. Ifame	ending any other infor	mation, enter change(s) here: (	Attach additional sheets, if necess	ary.)
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Note:	ar and design strategies all fills	must be specific and cannot be prior to du	(optional to of filing or more than 90 days after filin statutory filing requirements, this dat	l) g.) Pursuant to 605.0207 (3)(to will not be listed as the
the record	specifies a delayed effectd.	tive date, but not an effective time, a	et 12:01 a.m. on the earlier of: (b) T	he 90th day after the
Dated	10/25/2022	2022		

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

Michael Humphrey