

Sep 07 21:02:58p

p.1

9/7/2021

L1D0000650723

Division of Corporations

Florida Department of State

Division of Corporations

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Division of Corporations

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Account Name : MARCHENA AND GRAHAM, P.A.

Account Number : 215998000100

Phone : (407)658-8566

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOTALCARE ORLANDO, LLC

Certificate of Status	0
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2021 SEP -7 04:05

ALLAHASSEE, FLORIDA

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SEP 08 2021

S. PRATHER

ALLAHASSEE, FLORIDA

2021 SEP -7 AM 9:57

PRATHER

H210003326403
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TotalCare Orlando, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 SEP - 7 AM 9:55
FILED
CLERK OF CIRCUIT COURT
FLORIDA
and assigned

The Articles of Organization for this Limited Liability Company were filed on May 10, 2010

Florida document number L10000050223

This amendment is submitted to amend the following:

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

TCO Holdings, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

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:

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

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

H210003376402