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To:

Division of Componations

Fax Number : (850)617-6383

From:

Account Name : MARCHENA AND GRAHAM, P.A.

Account Number : 119990000180 Phone : (407)658-8566 Fax Number : (407)281-8564

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

Email Address: Willdran @ mgfirm . com

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

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2021 SEP -7 AM 9: 57

H210003326403 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF		0	
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TotalCare Orlando, LLC			>-	17
(Name of the Limited Liab (A Flor	nility Company as it now appears on ida Limited Liability Company)	our records,		٠,
	· · · · · · · · · · · · · · · · · · ·		몸골 뇬	
The Articles of Organization for this Limited Liability	Company were filed on May 10	, 2010	Dand assigned	
Florida document number L10000050223				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
TCO Holdings, LLC				
The new name must be distinguishable and contain the words "I.	imited Liability Company," the design	ation "LLC" or the abbre	viation "L.L.C."	_
Enter new principal offices address, if applicable:				
	harce)			_
(Principal office address MUST BE A STREET AD)	UKESS)			—
Enter new mailing address, if applicable:	 .			_
(Mailing address MAY BE A POST OFFICE BOX)				
	 -			
				
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, <u>enter the name o</u>	of the new regis	stered
	-			
Name of New Registered Agent:				
Ne. II O New Registered Agent.				
New Registered Office Address:	Enter Florida s			
	eni e r Fioriaa s	iren adaress		
	. <u> </u>	, Florida		_
	Cuy		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

1101000-

□Change

H210003320403
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 = 1	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Rernove
			□Change
			□Aċd
			□Remove
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