## L11000044438

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## **COVER LETTER**

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TO: Registration Section

Division	of Cor	porations					
	Y CARE	E HEALTH CENTER LLC					
SUBJECT:		Name of Lim	ited Liability Company	<u> </u>			
The enclosed Art	icles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all o	correspo	ndence concerning this matter	to the following:				
		YOSBANY PEREZ					
			Name of Person				
			Firm/Company		<u>_</u>	20	
		3115 W COLUMBUS DR			MIL	2021 JUL 26 PM 2: 01	
			Address			26 T	
		TAMPA, FLORIDA, 336	07		SSE	9 7 6	
		YOSBANIS2017@YAHO	City/State and Zip Coo	le	ار م	2: QI	
			to be used for future annu	al report notificati	ion)	1.1	
For further inform	nation co	oncerning this matter, please c	all:				
YOSNABY PER	RFZ		813 5 at ( )	526-4961			
	Name of	Person	Area Code	Daytime Tel	lephone Number	<del></del>	
Enclosed is a che	ck for th	e following amount:					
<b>■</b> \$25.00 Filing	g Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is o		Certified C	of Status &	
	Address	<del></del>		Address: tration Sectio	n		
Division of Corporations			Divis	ion of Corpor	ations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAY CARE HEALTH CENTER, I			de
(Same of the Limit	(A Florida Limited I	ny as it now appears on our re Liability Company)	<u>coras.</u> )
The Articles of Organization for this Limited Li	ability Company	were filed on 04/14/2011	and assigned
Florida document number L11000044438	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
BAYCARE HEALTH CENTER, LLC			
The new name must be distinguishable and contain the w	ords "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)		YOSBANY PEREZ	202 SE
		3115 W COLUMBUS DR	1.c1 C=
		TAMPA FLORIDA 33607	·
Enter new mailing address, if applicable:	SAME	ASSEES 2	
(Mailing address MAY BE A POST OFFICE BOX)			FAR O
B. If amending the registered agent and/or ragent and/or the new registered office addres		address on our records, <u>er</u>	iter the name of the new regi
Name of New Registered Agent:	YOSBANY PERFZ		
New Registered Office Address:	3115 W COLU	MBUS DR. UNIT 103	
		Enter Florida street ac	ldress
	ТАМРА		, Florida <u>33607</u>
		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 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>	<u>Name</u>	Address	Type of Action
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in effectiv	date, if other than the da e date is listed, the date must be	specific and cannot	t be prior to date o	of filing or more than	(optional) 90 days after filing.)	Pursuant to	605.020
ote: If the cument	ie date inserted in this block s effective date on the Depar	does not meet the tment of State's	e applicable sta records.	tutory filing requir	ements, this date	will not be	listed a
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ecord sp	ecifies a delayed effective da	te, but not an eff	ective time, at	12:01 a.m. on the e	arlier of: (b) The	90th day	after the
is filed.							
06/ ited	7/2021						
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