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.

(((H240001749213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206 Phone : (305)463-6690 Fax Number : (305)463-6693

**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 $^{\square}$ PEACEFUL SPIRIT HOME HEALTHCARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T LEMIEUX

MAY 1 6 2024

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	•
Cace Ful Spirit / Name of the Limited Liability Company as it n (A Florida Limited Liability C	Home Healthcare, LLC
The Articles of Organization for this Limited Liability Company were file	. 6/27/2011
	ed on 6/27/2011 and assigned
Florida document number <u>L/10000 7440 2</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," 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:	2 20
Mailing address MAY BE A POST OFFICE BOX)	
	₹ T
	5 5
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new registered
igent and/or the new registered office address here:	, , , D
	그를 👑
Name of New Registered Agent:	77. 3
New Registered Office Address:	;:
	Enter Florida street address
	, Florida
City	7.ir. 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 = Ma	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Laura Diaz De Villego	s 4715 Kelly Rd	[XAdd
		15 4715 Kelly Rd Tampa, FL 33615	□Remove
			□Remove
			Change
			□Add
			⊡ Rеточе
			Change
	**************************************		🗀 Add
			□Remove
			Change
			□Add
			⊡Remove
			(☐ (`hange
			🗆 Add
			□Remove
			□Change

•	
-	
-	
-	
•	
-	
-	
-	
-	
-	
-	
-	
-	
•	
ole:	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a lent's effective date on the Department of State's records.
recor is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	May 15th 2024.
	Lank.
	Signature of a regular of authorized representative of a member