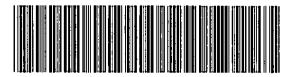
## L12 0000014527

(Re	equestor's Name)	
(Ac	ldress)	
(1)	[-]	
OA)	ldress)	
(Gir	ty/State/Zip/Phone	- #1
(=.	·,	,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



500344863785

05/26/20--01028--006 \*\*25.00

S TALLENT JUN 1 5 2920

7073 HAY 26 PN 2: 30

Kung

## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJEQ		ealthcare LLC		
SOBJEC	∪1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Jose Arencibia		
			Name of Person	<del></del>
		Optima Healthcare LLC		
			Firm/Company	
		15476 NW 77 Court 292	2	
			Address	
		Miami Lakes, FL 33016		
			City/State and Zip Code	<del></del>
		Jose@atImgmt.com		
For furth	ner information c	oncerning this matter, please c	to be used for future annual report no all:	uncation)
Jose Ar	rencibia		305 766-0307	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed	I is a check for t	ne following amount:		
<b>≡ \$</b> 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration S	ection
	Division of C	•	Division of Co	

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

(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L12000024527	bility Company were filed on 2/20/2012	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	2020 HAY
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "DL.C."
Enter new principal offices address, if applical	bie:	P
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the second office address 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]  3. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	2:	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
3. If amending the registered agent and/or registered office address	gistered office address on our records, <u>enter the</u> <u>here</u> :	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	Zin Code

## New Registered Agent's Signature, if changing Registered Agent:

Ontima Healthcare LLC

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

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
MGR	Jennifer Bernstein	15476 NW 77th Court 292 Miami Lakes FL 330	16 <b>≅</b> Add
			Remove
			□Change
<del></del>			🗆 Add
			Remove
			□Change
			🗀 Add
			□Remove
			□Change
			_ □Add
		□Remove	
			_ Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			□ Change

			,	<del>.</del> .				-
								-
							<del>_</del> .	-
								•
			• • •		,-			-
					<del></del>		<del> </del>	•
				.,.				
	<u></u>			<del>_</del> .				-
	<del></del> -							•
								•
					<del> </del>			
			<del></del>					
					. ,			
		<del></del> -						
foctive da	e, if other than	the date of fil	ina			fontions	IX.	
m effective d ote: If the (	e, if other than the late is listed, the date late inserted in this fective date on the	must be specific a s block does no	and cannot be protected the transfer of the tr	licable statuto	ng or more than S ry filing require	(optiona 0 days after filin ements, this da	g.) Pursuant to 605	5.020 ed a
record speci is filed.	fies a delayed effe	ctive date, but n	not an effective	e time, at 12:0	1 a.m. on the ea	rlier of: (b)	he 90th day afte	r the
May 1	9th,		2020					
				,				
		1041	Muce	775	entative of a men		<del>.</del>	

Filing Fee: \$25.00