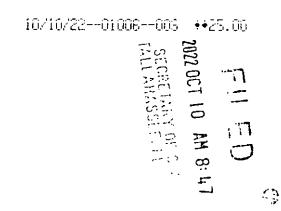
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(Red	questor's Name)	
(Add	dress)	<del></del>
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	J. HORN OCT 11	1E 2022
	Office Use Onl	lv .







# CORPORATE ACCESS, \_

## When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

### **WALK IN**

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC AMEND
-	(CORPORATE NAME AND DOCUME	MENT, LLC  JMENT#)
-	(CORPORATE NAME AND DOCU	JMENT #)
-	(CORPORATE NAME AND DOCUM	JMENT #)
-	(CORPORATE NAME AND DOCU	JMENT #)
-	(CORPORATE NAME AND DOCU	JMENT #)
_	(CORPORATE NAME AND DOCUM	IMENT #)

#### **COVER LETTER**

	Registration S Division of Co				
CUDIEC		D MANAGEMENT, LLC			
Name of Limited Liability Company					
The encle	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all corresp	ondence concerning this matter	to the following:		
	Phillip B. Rarick				
	Name of Person				
		Rarick, Beskin & Bowden	Gold, P.A.		
		Firm/Company			
		6500 Cowpen Road, Suite 204			
			Address		
		Miami Lakes, FL 33014			
		<del></del>			
	<del></del>				
For furthe	er information	t-mail address: ( concerning this matter, please c	to be used for future annual report no all:	tilication)	
Phillip B	. Rarick		305 556-5209		
	Name (	of Person	Area Code Dayti	me Telephone Number	
Enclosed	is a check for t	he following amount:			
<b>■ \$</b> 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address: Registration S	ection	
Division of Corporations		Division of Co			
	P.O. Box 632 Fallahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PORTOCTIO AM 8:47

CAREMED MANAGEMENT, LLC

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

The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L12000083969		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BELEN MANAGEMENT, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	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)		
	<del> </del>	<u></u>
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
	·	
B. If amending the registered agent and/or registered office a	address on our records, <u>e</u>	uter the name of the new registe
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registe
agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:	Enter Florida street a	ddress
	Enter Florida street a	

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 Title Name Address Type of Action \_\_\_\_\_ Remove \_\_\_\_\_ DbA 🗆 \_\_\_\_\_ \_\_\_\_\_\_ Change \_\_\_\_\_ □Remove 

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an elfec <u>Vote:</u> H	e date, if other than the date of filing:  (optional)  ive 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 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
record : d is filed	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
nated	. 2022
	Signature of a member or authorized representative of a member,
	ENRIQUE ZAMORA
	Typed or printed name of signee

Filing Fee: \$25.00