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度納機 R. HUNT 01/23/23

## **COVER LETTER**

TO: Registration So Division of Cor			
Hispanic H	ealth Enterprises, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tabare D. Tabar		
		Name of Person	
	Hispanic Health Enterprise	es, LLC	) ) .!
		Firm/Company	<u> </u>
	4990 Golden Gate Pkwy		ان المنظم ا المنظم المنظم المنظم المنظم المنظم
		Address	
	Naples, Florida 34116		AH 9: 49
		City/State and Zip Code	
	ttabar@outlook.com		
		to be used for future annual report not	fication)
For further information of	oncerning this matter, please c	all:	
Tabare		239 331-9610 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fcc & 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		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned	
lorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation '	'LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			<del>;</del>
Principal office address MUST BE A STREET ADDRESS)		• .,-	<u> </u>
		<u>جين</u>	
		គ្នាក់ រូប <i>ប</i> ា	
Enter new mailing address, if applicable:			ت رش
Mailing address MAY BE A POST OFFICE BOX)		;T)	۵
Maning data ess MATT BLAT OUT THE BOAY			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of th	i <u>e new regis</u>
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Florida street a	ddress	
		, Florida	
			Code

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	Claudia J. Orduz	4990 Golden Gate Pkwy	<b>≘</b> ∧dd
		Naples, Florida 34116	□Remove
MGR	Maria V. Roa	4990 Golden Gate Pkwy	<b>≣</b> Add
		Naples, Florida 34116	□Remove
		<u></u>	Change
			🗀 Add
			☐Remove
			©Change
			<b>₽ I I I I I I I I I I</b>
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filete:  If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 6 ory filing requirements, this date will not be b	05.020° sted as
ecord specifies a delayed effective date, but not an effective time, at 12:0 is filed.	01 a.m. on the earlier of: (b) The 90th day at	fter the
ated 01/17/2023	-	

Filing Fee: \$25.00