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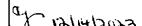




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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations				
4 0110 10 00	Hispanic He	ealth Enterprises, LLC				
Name of Limited Liability Company						
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	ı all correspo	ndence concerning this matter	to the following:			
		Tabare D. Tabar				
			Name of Person			
		Hispanic Health Enterprise	s, LLC			
Firm/Company						
4990 Golden Gate Pkwy						
			Address			
Naples, FI 34116-6962						
City/State and Zip Code						
		ttabar@chispana.com				
		E-mail address: (to be used for future annual report no	tification)		
For further is	nformation c	oncerning this matter, please ca	all:			
Tabarc			239 331-9610 at ()			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 H	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)		
	iling Addres gistration S		Street Address: Registration S	ection		
	_	orporations	Division of Co			
	D. Box 632		The Centre of	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 HOY 30 PH 5: 38

HISPANIC HEALTH EN	TERPRISES, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	08/07/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices 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)			
	-		
B. If amending the registered agent and/or registered office a	ıddress on our re	cords enter the name	of the new registe
agent and/or the new registered office address here:	duress on our re-	corus, <u>emer the hame</u>	or the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agre	e to act in this c	apacity. I further agr	ee to comply with

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
MGR	Maria V. Roa	4990 Golden Gate Pkwy Naples FL 34116-6962	□ Add
			≅Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	·		□Add
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E ffectiv If an effec	e date, if other than the date of filing: (optional) tive 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
Note: I	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at 's effective date on the Department of State's records.
	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
	•
rd is file	1/27/2023
rd is file	
rd is file	

Filing Fee: \$25.00