

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD  
Account Number : 075356000132  
Phone : (305) 374-7580  
Fax Number : (305) 351-2122

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: vva@bilzon.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EXPERT HEALTH CARE HOLDINGS, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

JUN 04 2020  
SIMMONS

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

20 JUN -3 AM 10:28

EXPERT HEALTH CARE HOLDINGS, 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 were filed on 08/04/2014 and assigned  
Florida document number L14000121813.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14750 NW 77 COURT, #308

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI LAKES, FL 33016

Enter new mailing address, if applicable:

14750 NW 77 COURT, #308

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI LAKES, FL 33016

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

14750 NW 77 COURT, #308

*Enter Florida street address*

MIAMI LAKES

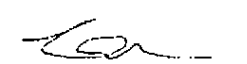
*City*

Florida 33016

*Zip 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 Changing Registered Agent, Signature of New Registered Agent**

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2020 JUN -3 AM 10:28

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EXPOSITO, LISSETTE	14750 NW 77 COURT, #308	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33106	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	GOLDSTEIN, RICHARD M.	1450 BRICKELL AVENUE, 23RD FLOOR	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ional sheets, if necessary. 28

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: MARCH 1, 2020 (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed

6/1/2020

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

LISSETTE EXPOSITO

Typed or printed name of signer

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**Filing Fee: \$25.00**