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COVER LETTER

TO: Registration Section Division of Corporations	
	reks
Name of Limited Liability Con	npany
The enclosed Articles of Amendment and fee(s) are submitted for filing	
Please return all correspondence concerning this matter to the following	g.
Aliva Decky	Smith Person
Altmed Care Firm/Com	Centers, LLC
5976 20th Stre	eT, # 23)
Veio Brach, City/State and	PL: 32966-1019 Zip Code
E-mail address: (to be used for futu	Zip Code O att. net per annual report notification)
For further information concerning this matter, please call:	
Olina Smith Name of Person at (77) Area (8)	Daytime Telephone Number
Englosed is a check for the following amount:	\$ 2 D
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$55.00 Filed (additional)	

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

altmed Ca		LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document numberL_40001603		10/10/2014	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the words "I	Limited Liability Company," the de	signation "LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	PRESS)	رواري منظر ان العراق العراق		
		2 14 17 13 15 15 15 15 15 15 15 15 15 15 15 15 15		
		が 変え	<u> </u>	
Enter new mailing address, if applicable:		ří Mo		
(Mailing address MAY BE A POST OFFICE BOX)		L.S.	2	
22121001011		ŽŽ.	F	
	Add Add Add Add And galactic Section 1 consequence was some consequence.		- f ,	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter the	name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	a street address		
	, Florida			
 -	City	Zij	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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = 'Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Stephen Thomas Smith	9369 S. Prainie View Dr.	D Add
		Highlands Ranch, LO 80126	Remove
MGR	Stephen Thomas Smitz	9369 S. Prairie View Dr. Highlands Ranch, W. 80126	•
AMBR	alina Deday Smith	9369 S. Praine View Dr. Highlando Ranch, Lo. 80126.	Add
MGR	alina Deely Smith	9369 S. Prairie View Prince Lighlands Ranch, Co 80125	EC 5
MGR	Chelsea Rae Toyce	9369 S. Prairie View Dr. Lightands Ranch, LD 80126	
AMBR	Chelsea Rae Toyce	9369 S. Prairie View Dr., Lighlands Ranch, LO. 80126	

4¢	Changed Titles only.	
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<u></u>		
Effective	ate, if other than the date of filing:(optional)	·- -
Effective The effective	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	
the date thi	document is filed by the Florida Department of State)	
the date thi	ate, if other than the date of filing:	
the date thi	document is filed by the Florida Department of State)	
the date thi	December 15 . 2014. Alma D. Smitz	
Effective The effective the date thi Dated	document is filed by the Florida Department of State)	

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