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COVER LETTER

SUBJECT:	LIREJOSE, LIMITED LIA	BILITY COMPANY	
50b3EC1,	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	DAVID OLIVEN	ICIA, JSM	
		Name of Person	
	PROFESSIONAL AG	CCOUNTING GROUP, LLC	
		Firm/Company	
	PO BOX 622521	•	
		PROFESSIONAL ACCOUNTING GROUP, LLC Firm/Company PO BOX 622521 Address ORLANDO, FL 32862-2521 City/State and Zip Code DAVID@PROFESSIONALACCOUNTINGGROUPLLC.CO E-mail address: (to be used for future annual report notification) sing this matter, please call: M at (407 Area Code Daytime Telephone Note Daytime Telephone Note S30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Certificate of Status Certified Copy Cer	
	ORLANDO, FL 328	362-2521	
		City/State and Zip Code	
•	_		
		·	cation)
For further informatio	n concerning this matter, please ca	all:	
DAVID OLIVEN	CIA, JSM	at (407) 207-	5509
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

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**

LIREJOSE, LIMITED LIABILITY COMPANY

The Articles of Organization for this Limited Liability Company Florida document number <u>L14000172162</u> .	were filed on11/4/2014	and assigned					
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liabi CENTRAL FLORIDA TOTAL HEALTHCARE II,LLC.	lity company here:						
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	1118 CYPRESS PKWY						
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34759						
Enter new mailing address, if applicable:	30 REMINGTON RD SUI	TE 2					
(Mailing address MAY BE A POST OFFICE BOX)	OAKLAND FL 34787	17					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the no					
Name of New Registered Agent:	•	FLORID					
New Registered Office Address:							
	Enter Florida street address						
	, Florida City Zip Code						
New Registered Agent's Signature, if changing Registered Agent:	City	гір Соне					
New Registered Agent's Signature, it changing Registered Agent: I hereby accept the appointment as registered agent and agre		, , , , , ,					

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>	<u>Address</u>	Type of Action
AMBR	Central Florida Total Health Care In	30 Remington Rd Suite 2	Add
		Oakland, FL 34787	□ Remove
			Change
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			□ Remove
			Change
			□ Add
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			□ Remove □ Change

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he 90t	th day after t	the record is	filed.								
ted	February 1			2017							
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Typed or printed name of signee

Filing Fee: \$25.00