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To:

Division of Corporations

Fax Number : (850)617-6383

From:

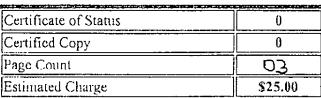
Account Name : INDIRA PORTAL Account Number : I20240000075 : (813)382-4111 Fax Number : (813)435-2138

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

Email Address: ACCURATECAREOFFICE @GMAIL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ACCURATE CARE HOME HEALTH LLC



T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

HENG 22 2025

To:

H250002940273 ARTICLES OF AMENDMENT • TO ARTICLES OF ORGANIZATION

OF

.: ACCURATE CARE HOME HEALTH 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 11/19/2014 Florida document number L14000179251 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 "LLC." 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 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: Enter Florida street address

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOSE M GONZALEZ SANTOS	7243 HOLLOWELL DR, TAMPA, FL 33634	\(\overline{\overli
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	08/01/2025
Note:	ve date, if other than the date of filing: (optional) sective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
e record rd is fil	I 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
Dated [August I , 202.5
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00