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Division of Corporations

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From:

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Account Number : 110432003053 : (561)694-8107 : (561)214-8442 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARING PEOPLE MEDICARE SERVICES LLC

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Y SULKER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARING PEOPLE MEDICARE SERV	ICES LLC			
(Name of the Limited ). (A F	lability Compar lorida Limited L	ny as it now appears on our reconsistity Company)	rda.)	
The Articles of Organization for this Limited Liabil Florida document number L14000180969  This amendment is submitted to amend the following	 ng:		and assigned	
A. If amending name, enter the new name of the	limited (120)	Hry company nere:		
NOBLE CARE I LLC  The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable		1000 W. McNaab Road, Suit	te 211B	
(Principal office address MUST BE A STREET A	IDDKESS)	Pompano Beach, Florida 330		
			10 F 20 F	
Enter new mailing address, if applicable:	18/1	1000 W. McNaab Road, Sui	te 211B	
(Mailing address MAY BE A POST OFFICE BO	<u>v</u>	Pompano Beach, Florida 33	069	
B. If amending the registered agent and/or regi	stered office	address on our records, ent	er the name of the new registered	
agent and/or the new registered office address h	iere:		ಳು (೧	
Name of New Registered Agent:	Nadege St. Jus	te Madeus		
	4450 S. Tiffan	y Drive, Suite 102		
New Registered Office Address:		Enter Florida street address		
	Mangonia Pari	<u> </u>	Florida 33407-3241	
		City	Zip Code	
New Registered Agent's Signature, if changing Reg			I fine have access to comply with the	
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the company has been notified in writing of the change in the chang	and complete ered agent as gistered office	e performance of my aunes provided for in Chapter 60	7, and 1 am jumitial with und 15, F.S. Or, if this document is	

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

Title	Name	Address	Type of Action
MGR	Nadege St. Juste Madeus	4450 S. Tiffany Drive, Suite 102	<b>%</b> Add
		Mangonia Park, FL 33407-3241	□Remove
MGR	Gregory M. Barr		□Add
			⊠ Remove
			Change
MGR	Andrew Gustafson		□Add
			<b>X</b> Remove
			Change
MGR	Steven East		□Add
			⊠Remove
			Change
******			[] Add
			□Remove
			Change
**************************************			
			□ Remove
			Change

f amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
****	
<b></b>	
<del></del>	
_	
Note: If	e date, if other than the date of filing:  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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
e record ord is filed	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 it.
Dated _	September 1 , 2020
	X M Janel
	Signature of a member of authorized representative of a member
	Nadege St. Juste Madeus, Manager
	Typed or printed name of signee