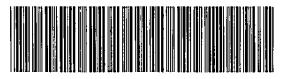
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COVER LETTER

TO:		istration Se sion of Cor				
eup ir	œr.	LEGAL CA	ARE GROUP, LLC			
SUBJE	CI:		Nam e (Limited Liability Comp.	any	
The enc	losed	Articles of	Amendment and fee(s) ar	submitted for filing.		
Please r	eturn	all correspo	ondence concerning this n	ter to the following:		
				Name of Per	son	
			TAXCARE			
			-	Firm/Compa	iny	
			 	E. SUITE 430		
				Address		
			 SWEETWATER / FI	DRIDA 33172		
				City/State and Zi	p Code	
			CRIS.CRISPIN@TA	CAREINC.COM ss: (to be used for future		
1 C	L '	¢			annuai report not	meanon)
ror lun	ner in	tormation c	oncerning this matter, ple	e call:		
CRISV	ER C	RISPIN		786 at (2417210)	ne Telephone Number
		Name o	f Person	Area Co	ode Daytim	ne Telephone Number
iinclose	d is a	check for th	ne following amount:			
■ \$25	.00 F	iling Fee	S30.00 Filing Fee & Certificate of Stat			□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	R D C 20	TREET/COUR egistration Section ivision of Corpolifton Building 661 Executive Cuallahassee, FL 32	rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGAL CARE GROUP, LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 05/22/2015 _____ and assigned Florida document number L15000091934 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida _ City

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 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
MGR	GABRIELA FRANGIE	1400 NW, 107TH AVE, STE 430	
		SWEETWATER, FL 33172	Remove
			Change
MGR	JESUS PORRAS	1400 NW, 107TH AVE. STE 430	_ Add
		SWEETWATER, FL 33172	☐ Remove
			□ Change
MBR	GABRIEL HATEN	1400 NW, 107TH AVE. STE 430	
		SWEETWATER, FL 33172	☐ Remove
			Change
MBR	NELSON MATA	1400 NW. 107TH AVE. STE 430	Signade T
		SWEETWATER, FL 33172	Change SEP 8 Pag 2: LE Change
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fective date, if other than the date of in effective date is listed, the date must be specified.	fling:(optional) itig and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
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ocument's effective date on the Departmen	nt[o] State's records.
record specifies a delayed effect The 90th day after the record is f	tive date, but not an effective time, at 12:01 a.m. on the earlier of:
The John day after the record is i	
AUGUST 28	2017
nted	#·_ ·
Signatur	e of a member of authorized representative of a member
GABRIELA FRANGIE	
	Typed or printed name of signee
	Page 3 of 3
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