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(Re	equestor's Name)	
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(Do	cument Number)	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
Capstone I	lealthcare L.L.C.			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Roshanda K. Ivey			
		Name of Person		
	Capsione Healthcare L.L.t			
		Firm/Company		
	1001 Great Oaks Drive			
		Address		
	Daytona Beach, FL 32117			
		City/State and Zip Code		
	mrsrivey@aol.com	to be used for future annual report no		
For further information c	concerning this matter, please e	·	uncacon	
Roshanda K. Ivey		386 334-0095		
Name (of Person	at () Area Code Daytii	me Telephone Number	
Enclosed is a check for (he following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection	
Division of Corporations		Division of Co	Division of Corporations The Centre of Tallahassee	
P.O. Box 63. Tallahassee.			Tallahassee oe Street, Suite 810	

Tallahassee, Fl. 32303

ARTICLES OF TO ARTICLES OF ORGANIZATION OF

Capstone Healthcare L.L.C.

(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 September 1, 2015 and assigned Florida document number $\frac{1.15000149724}{}$ 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 "L.L.C." 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: 555 W. Granada Blyd Suite A-7. New Registered Office Address: Enter Florida street address Ormond Beach Florida 32174 Ziv 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Timee' R. Ivey	1001 Great Oaks Drive	
		Daytona Beach, FL 32117	■Remove
AMBR	Soondy R. Jegede	555 W. Granada Blvd.	= Add
		Suite A-7	□Remove
		Ormond Beach, F1, 32174	☐Change
			□∧dd
			□Remove
			□Change
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Effective date, if other than the date of filing: Inly 16, 2021 ((If an effective 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 (Note: If the date inserted in this block does not meet the applicable statutory (Filing requirements, this date will not be listed as if document's effective date on the Department of State's records. the record 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 ord is filed. Dated July 16. 2024 Roshould Ro				
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