Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AMELROD

Account Number : 075350000132 Phone : (305)374-7580 Fax Number : (305)351-2122

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

vya⊈bilzin.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORANGE CARE MANAGEMENT SERVICES ORGANIZATION LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

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JUN 04 2020

## (((H20000166875 3))) ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION -3 AII 9:33

ORANGE CARE MANAGEMENT SERVICES ORGANIZATION 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 01/29/2016 \_\_\_\_\_ and assigned Florida document number \_\_\_\_L16000020915 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 Limbility 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: New Registered Office 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

Enter Florida street address

. Florida \_

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If amending Authorized Person(s) authorized to manage, enter	er the title, name, and address of each person_being added					
or removed from our records:						

MGR = Manager AMBR = Authorized Member		2020 JUH-3 AH 9: 33	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EXPERT HEALTH HOLDINGS L	14750 NW 77 COURT, #308	[]Add
		MIAMI LAKES, FL 33016	Remove
			[] Change
MGR	EXPOSITO, LISSETTE	14750 NW 77 COURT, #308	∰ Add
		MIAMI LAKES, FL 33016	
			[] Change
MGR	GOLDSTEIN, RICHARD M.	1450 BRICKELL AVENUE, 23RD FLOOR	
		MIAMI, FL 33131	□Remove
			□Change
			□Add
			[]Remove
			[]Change
			[] Add
			□Remove
			[] Change
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E. Effective date, if other than the date of filing:
(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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

	6/1/2020	
Dated	<u> </u>	
	Eap. 1	
	Signature of a member or authorized representative of a member	
	LISSETTE ENPOSITO	
	Typed or printed name of signee	

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Filing Fee: \$25.00