LJ6000141207

(Red	questor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doo	cument Number)	
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SECRETARY OF STATE
TALL AH J. SS.F. F. ORID

J. HARRIS

COVER LETTER

TO: Registration Sect Division of Corpo		•	
SUBJECT: WEC	ARE MEDICAL Name of Limi	AssociATES, LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	ADRIG	and R. Burattini	
		Name of Person	
		Firm/Company	
	•	• •	
	2056 Alta	MEADOWS LANE, # 3	808
		Address	
	DELRAY P.	City/State and Zip Code	<u> </u>
	1.	City/State and Zip Code	5) 14
		calassociates e out	
		to be used for future annual report notifica	tion)
	ncerning this matter, please ca	ill:	
ADRIANA R.	Burattini	at (561) 305-6	,520
Name of I	Person	Area Code Daytime To	elephone Number
Enclosed is a check for the	following amount:		
□ '\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WECARE 1	TEDICAL H	ssociAles	, LLC				
	(Name of the	Limited Liability Co (A Florida Lim	mpany as it now ap ited Liability Compar	pears on our ny)	records.)			
The Articles Florida docu	of Organization for this Limi ment number	ited Liability Comp 10141207	any were filed on	07/2	7/2016	ar	nd assig	gned
This amendn	nent is submitted to amend th	e following:						
A. If amend	ing name, enter the new na	me of the limited	liability compan	<u>y here</u> :				
	must be distinguishable and contain		iability Company," t	he designatio	n "LLC" or the	abbreviati	on "L.L.	.C."
-	rincipal offices address, if a							
(Principal of	fice address MUST BE A ST	TREET ADDRESS	<u> </u>			S		
			 			<u> </u>	<u> </u>	7.50
							<u>13</u>	e emilia a militar
Enter new n	nailing address, if applicabl	e:				·		s maceque à
	ress MAY BE A POST OF		 			- 1ñ	****	ineversión ? . ?
(1/2/00/1/1/2/10/1/1/2/1/2/2/2/2/2/2/2/2/		TCD DOTT				955 355 365 365		
					 	-6	28	
	ding the registered agent zent and/or the new register			on our r	ecords, <u>ente</u>	r the n	ame o	f the new
<u>Nar</u>	ne of New Registered Agent	<u> </u>	DRIANA (2. Bu	RATTINI		,	··· ··
Nev	v Registered Office Address:	2050	: Alta Me			# 2	1308	
		DELR	Enter .ay BEACh City	Florida streei	address , Florida	334	44	
			City			Zip	Code	
Nam Dagietar	ad Agant's Signature if abon	ging Dogistanad Ac	amt.					

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Burattini-Montes, Adrian remove as the name) 1	Deliay BEACH, FL 33444	☐ Add Remove
MGR	Burattini, ADRIANA	2036 Alta MEADOWS LANE, #2308 Delray Beach, FL 33444	Change Add
			□ Remove
AMBR (please		2056 Alta MEADOWS Love #2308 Delray Beach, FL 33444	□ Add Remove
AMBR		2056 Alta MEADOWS LANG #2308 DELRAY BEACH, FL 33444	□ Change
			□ Remove
			Change
			□ Add
		SECRITATOR DE STA PALLA HASSET, FLOR	Change Add Remove
		Dr.j	© Change

				
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			(optional)	
fective date, if other than the date	e of filing:			40 - 0
n effective date is listed, the date must be s	specific and cannot be prior to date	of filing or more than 90 atutory filing requiren	days after filing.) Pursu	ant to 605.02 of be listed
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Filing Fee: \$25.00