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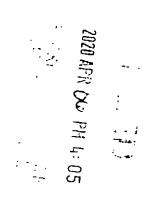
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: LITTLE ANGELS PEDIATRIC EXTENDED CARE, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
JANICE HATLEY Name of Person
LITTLE ANGELS PEDIATRIC EXTENDED CARE, LLC Firm/Company
1400 W. STATE ROAD 434 STE 1000 Address
LONGWOOD FL 32750 City/State and Zip Code [Appeclongwood @ gmail. Com E-mail address: (to be used for future annual report notification)
lappec longwood @ gmark. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JANTCE HATLEY at (407) 755 - 3127 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Second Filing Fee Second Filing Fee & Second Filing Fee &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on 10-3-16 Florida document number <u>L16000183538</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:	1400 W. STATE ROAD 434
(Principal office address MUST BE A STREET ADDRESS)	STE 1000
	LONGWOOD FL 32750
Enter new mailing address, if applicable:	1400 W. STATE ROAD 434
(Mailing address MAY BE A POST OFFICE BOX)	STE 1000
	10442000 EL 32750

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C.

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:

1400 W. STATE ROAD 434

Enter Florida street address New Registered Office Address:

LONGWOOD Florida 32750

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 **Title** <u>Name</u> Address Type of Action MGR MANISH BHATT 7636 APPLE TREE CIRCLE ORLANDO FL 32819 US XKemove 3081 TEMPANA PT LONGWOOD FL 32779 XAdd DOLLY LIBHRANI mar Remove APChange _ Change Remove □Remove _ 🗆 Remove ____ □Change

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red MARCH 2 . 2026.			

Filing Fee: \$25.00