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FEB 2 2 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION * **OF**

	•	
inmuhealth gr	OUPLLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we	ere filed on 03/28/2017	and assigned
The Articles of Organization for this Eliminate Eliminate Literary 1 17000060138		
Florida document number L17000069138		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
EZCARE HEALTH CENTERS LLC	at a wind of the section of the section of	hbreviation "L.L.C."
EZCARE HEALTH CENTERS LLC The new name must be distinguishable and contain the words "Limited Liability".	y Company," the designation "LLC" or the a	ODICTIMON IND.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
e thatle		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		~ <u> </u>
		of the new registered
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the us</u>	mi
agent and/or the new registered office address here:		CD
or Desistand Agents		
Name of New Registered Agent:	 -	_
New Registered Office Address:	Enter Florida street address	: N
THE II AND DESCRIPTION OF THE PARTY OF THE P	Enter Prorition Street and the S	©
	, Florida	7: C-J-
	City	Zip 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, 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	GISELLE CASALDUC	9485 SW 72ND ST STE A295	= Add
		MIAMI, FL 33173-5414	□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			DAdd
			□Remove
			Change
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
If an e	five date, if other than the date of filing:
e reco	rd 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 iled.
Date	FEBRUARY 16 2023
	D
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00