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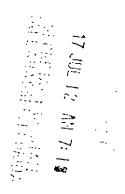
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COVER LETTER

Division of Cor	porations				
SUBJECT:	CARE NO	W MEDICAL LLC			
SUBJECT.	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	i	AQUINTA W. HYPPOLITE			
		Name of Person			
	CARE NOW MEDICAL LLC				
	Firm/Company				
	3829 HOLLYWOOD BLVD, SUITE A				
	Address				
	HOLLYWOOD, FL 33021				
		City/State and Zip Code			
	dr@healthymeds.org				
		to be used for future annual report notific	cation)		
For further information of	concerning this matter, please co	all:			
LAQUINTA	W. HYPPOLITE	954 812-3843 at ()			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

TO:

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

	MEDICAL LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp Torida document number	any were filed on	JUNE 26, 2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the c	designation "LLC" or the at	observation "L. L. C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		-! -! ()
			7
			
Enter new mailing address, if applicable:			7
(Mailing address MAY BE A POST OFFICE BOX)			S 🖴
			7:
			III De
B. If amending the registered agent and/or registered		n our records, <u>enter</u>	the name of th
registered agent and/or the new registered office address	<u>nere</u> ;		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
	2.00		
	City	, Florida	Zin 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Laquinta W. Hyppolite, PharmD, R	132 S.W. 127th Terrace	
		Plantation, FL 33325	Remove
AMBR	Julisa Rosa, MSN, ARNP, FNP-BC	3829 Hollywood Blvd, Suite A	= Add
		Hollywood, FL 33021	☐ Remove
			Change
			□ Add
			Remove
			☐ Change
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ective date, if other than the date of	filings	JUNE 26, 2017	lo	ptional)	
effective date is listed, the date must be speci	fic and cannot be pr	ior to date of filing or	more than 90 days :	after filing.) Pur	suant to 605.(
e: If the date inserted in this block does ument's effective date on the Department	not meet the app it of State's recor	licable statutory fi ds.	ing requirements,	this date will	not be listed
record specifies a delayed effect	ive date, but	not an effective	e time, at 12:0)1 a.m. on	the earlie
he 90th day after the record is	iled.				
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Page 3 of 3

Filing Fee: \$25.00