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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1ST CARE CASE MANAGEMENT SERVICES LLC

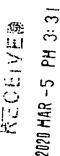
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ARTICLES OF AMENDMENT T.O

## ARTICLES OF ORGANIZATION

1st Care Case Management Services LLC

(Name of the	The vices L.D.C.			
Carrier of 111	E Limited Liability Company as it is (A Plorida Limited Liability C	ow appears on our reco	rde \	
The Articles of Organisms	amout craptity (	company)	<u> </u>	
The Articles of Organization for this Limi Florida document number L17000247136	ted Liability Company were 51.	ad 12/01/20:7		
Florida document number L17000247136	7 7 1410 [2]		and	l assigned
This amendment in	<del></del>		· · · · · · · · · · · · · · · · · · ·	30) 30)
This amendment is submitted to amend the	: following:			2 12
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s <u>sater the new nar</u>	ne of the limited liability com	pany here:		1 1
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have must be distinguishable and contain	the words "Limited Liability Co		· . · · · · · · · · · · · · · · · · · ·	= -
The new name must be distinguishable and contain Enter new principal offices address, if up	and another Compar	y," the designation "LLC	" or the abbreviation	"Lt.C."
(Principal office at the same and ress, if up	plicable:			52
(Principal office address MUST BE A STR	EET ADDRESS)			2
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Enter new mailing address, if applicable:				
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B. If amending the registered agent and/s				
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on	our records, enter it	le nama of Al.	
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Name of M	2/			
Name of New Registered Agent:	Chause &	drose.	00//	
New Registered Office Address:	6/05 MW 25 2m -		21119.	<del></del>
—————————————————————————————————————	6405 NW 36 ST Suite 210		ŕ	
	Ente	r Florida street address		
	Virginia Gardens		1944	
New Dealeton 1	City	, Flori		·
New Registered Agent's Signature, if changing	Registered Agent:		Zip Code	
hereby accent the	The state of the s			

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 an: 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

gistered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	MATA, ALEXANDER	6405 NW 36 ST SUITE 210	Type of Action
		VIRGINIA GARDENS, FL 33166	□Add
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AMBR	RODRIGUEZ FERRERA, YANET	292 WESTWARD DR	
		MIAMI SPRINGS, FL 33166	□ □ □ Add
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