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COVER LETTER

Div	9 3 7	
SUDJECT.	ULTIMATE HEALTHCARE LLC	器量的
SUBJECT:	Name of Limited Liability Company	RECEI TOP
	•	SEE
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	M 8: 42 NT OF STATE CORPORATION SEE, FLORIN
Please return	all correspondence concerning this matter to the following:	語語が
	Marsha Miller	
	Name of Person	-
	Firm/Company	-
	P O Box 12305	
	Address	-
	Jacksonville, FL 32209	
	City/State and Zip Code	•
	marsha66@ymail.com	
	E-mail address: (to be used for future annual report notification)	
For further in	formation concerning this matter, please call:	
Marsha Mill	at ()	• •
	Name of Person Area Code Daytime Telephone Number	SE SE
Enclosed is a	check for the following amount:	SECRETARIAS
□ \$25.00 F	Certificate of Status Certified Copy Certifica	ling-Fee, Ite of Status &

TO:

Registration Section

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

ULTIMATE HEALTHCARE LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on January 16, 2018	and assigned
Florida document number L18000012274		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
ULTIMATE HEALTHCARE, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records en	ter the name of the n
registered agent and/or the new registered office addres		the name of the n
		2011
Name of New Registered Agent:		7 T
		TILE TANK OF THE PARTY OF THE P
New Registered Office Address:	Enter Florida street address	SSE 2
	110/122 11/06	
	, Florida	O:-Zip Coale
New Registered Agent's Signature, if changing Registered A	• •	EL W
THE AMERICAN WEERS SOMEWHAT C' IL CHRISTIAN MESTICALEN Y	NEUR.	### J

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>	<u>Address</u>	Type of Action
AMBR	Marsha P Miller	1583 West 18th Street	Add
		Jacksonville, Florida	Remove
		32209	
AMBR	Marquita L Walker	1583 West 18th Street	
		Jacksonville, Fl	☐ Remove
		32209	Change
AMBR	Monica L Byrd	1583 West 18th Street	☐ Add
		Jacksonville, FI	□ Remove
		32209	☐ Change
			Remove
			AALCINE AALCINE
			LAHASSEE Remove
			Remove Charge
			
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ocument's effective date	on the Department of	of State's records.			2010 SEC	
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Typed or printed name of signee

Filing Fee: \$25.00