## L18 000090668

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## **COVER LETTER**

Registration Section

TO:

Division of Corporations	
SUBJECT: Care MedPx 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:	
Knisty Velszcotez Name of Person	
AIV-formal Services Firm/Company	
837 normandy trace rd. Address	
tanpe, Ft 331002 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Histy Volcooper at (813) 482-7412 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$255.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee, Certificate of Status (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)	us &
Mailing Address:  Registration Section  Street Address:  Registration Section	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liab	oility Company	were filed on	1/10/201	<b>8</b> and assigned
Florida document numberL\80000			•	_
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liah	ility company here	:	
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the desi	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicah	ole:			
(Principal office address MUST BE A STREET	ADDRESS)	<del></del>		<del></del>
Enter pary mailing address if applicables				
Enter new mailing address, if applicable:	010	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BO	(7/1)			<del>-</del>
B. If amending the registered agent and/or reg agent and/or the new registered office address   Name of New Registered Agent:		address on our reco	ords, <u>enter the nan</u>	e of the new registered
New Registered Office Address:				
		Enter Florida	street address	
		· · · · · · · · · · · · · · · · · · ·	, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete ered agent as p gistered office	performance of my provided for in Cha	v duties, and I am apter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Au or removed from	thorized Person(s) authorized to man <u>n our records</u> :	tage, enter the title, name, and address of each po	erson being added
MGR = Mana AMBR = Autho	ger		
<u>Title</u>	Name	Address	Type of Action
war ?	veimeny Siral-Garcia	1008 emercial thill wa	_¥∴∧dd
		Valrico, FL 33594	_ □Remove
			_ 🗆 Change
wgr :	Knipty	837 normandy too	ze d. ZAAdd
	100.2002	tamps, FL 331002	_ □Remove
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Change

Effective date, if other than the date of filing:  (optional)  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  ofte: 10 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.  record 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 is filed.  Signature of a member of purchased representative of a member	_	
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is filed.  august 2020.		
is filed.  august 2020.		
ated august 25. 2020		
3	is fil	rd.
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Signature of a member of authorized representative of a member	ated_	august 25 2020
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