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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
JOMARYS	NURSE CARE, LLC				
SUBJECT:	Name of Lim	ited 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:			
	YACHIRA M. CRUZ-ME	NDEZ-RN			
	Name of Person				
	JOMARYS NURSE CAR	E, LLC			
		Firm/Company			
	2040 HONEYBELL AVE				
		Address			
	HAINES CITY, FL 33844				
JOMARYS NURSE CARE, LLC Firm/Company 2040 HONEYBELL AVE Address HAINES CITY, FL 33844 City/State and Zip Code MORTIZ@RELIABLEACCT.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ACHIRA M. CRUZ-MENDEZ, RN Name of Person Area Code Daytime Telephone Number S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee					
			ification		
For further information c			meanon)		
YACHIRA M. CRUZ-N	1ENDEZ RN	.407 530-9842			
		at ()	as Talanhana Nambar		
Name	n i cison	Area Code Dayth	ne receptione Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status &		
			ection		
Division of Corporations		Division of Co	Division of Corporations		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOMARYS NURSE CARE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/17/2018 Florida document number $\frac{L18000097353}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
MGR	WANDA RIVERA-BURGOS, RN	2040 HONEYBELL AVE	
		HAINES CITY, FL 33844	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			DAdd
			□ Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Chaman

ffective date, if other than the date of filing: (08/26/2024 (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 605.020 (Optional) in the date inserted in this block does not meet the applicable stantary 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. AUGUST 26 (2024) AUGUST 26 (2024) Signature of a member or authorized representative of a member						
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