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SECRETARY OF STAIL
FALL AHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: PA	CARE HI Name of Lim.	EALTH LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MELSOM	OH1HOIM Name of Person	
	RRICARE	HEALTH LLC Firm/Company	
	4269 MA	PLEHURST WAY	1
	SPRING HIL	L FL, 3460 City/State and Zip Code	9
	Ohihoin E-mail address: (1	@ hotmail - (co	iffication)
For further information co	oncerning this matter, please co	all:	
Name of	OHIHOIM Person	at ( <u>727</u> ) <u>271</u> Area Code Daytir	7553 me Telephone Number
Enclosed is a check for th	e following amount:		
<b>☎</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

PRICARE HEAL	TH LLC	
( <u>Name of the Limited Liabi</u> (A Florid	dity Company as it now appears on our re da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on <u>OH-1</u>	1-2018 and assigned
(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		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
(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		
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADD	RESS)	<b>1</b>
	<del> </del>	
		6 2 2 <del>-</del>
Enter new mailing address, if applicable:		100
(Mailing address MAY BE A POST OFFICE BOX)		$\Delta r_{ij}$
B. If amending the registered agent and/or regi	istered office address on our rec	Ø <b>A</b> ≯
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company)  cles of Organization for this Limited Liability Company were filed on	, Florida
	Cuy	Zip 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
CMD	DUKE OKOROAFOR	11634 TANGLE STONE DR.	
		G10 SONTON, FL 33534	<b>⊠</b> Remove
			Change
CMD	MADUAGWU, OKOROA FOR	11634 TAMGLE STONE DI	<u>3.</u> <b>☞</b> Add
		CIBSONTON, FL33534	Remove
		Change	
			Add
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(If an e <u>Note</u>	tive date, if other than the date of filing:	ant to toot be I	505,0207 (. isted as tl
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	е еа	rlier of:
Dated	1 08-27-2018 2018		
	- warnery		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00