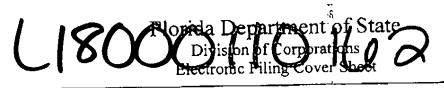
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To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : VCORP SERVICES, LLC
 Account Number : 120080000067
 Phone : (845) 425-0077
 Fax Number : (845) 819-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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Electronic Filing Menu

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Corporate Filing Menu

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our recor fility Cor ipany)	:ds_)
<u>.</u> *******	er fra . fra	
he Articles of Organization for this Limited Liability Company we	ere filers on Objetization	and assigned
lorida document number L18000110162	∞ `	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited llabiling	ty company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	C' or the abbreviation "L.L.C."
		70 M
nter new principal offices address, if applicable:		E E EN EL-CO
Principal office address MUST BE A STREET ADDRESS)		THE STATE OF THE S
		公 文 6
nter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:	ice address on our recor	} <i>*</i>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	fress
		T71
		Florida

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 tire, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Leopold Friedman	1000 Gates Ave	
		Brooklyn, NY 11221	Remove
			Change
AMBR	WJ Care Holdings, LLC	1000 Gates Ave	
		Brooklyn, NY 11221	Rentove
			Change
		<u> </u>	
			Change
		·	Add
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			Remove
			Change

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an effective date is listed, the date must be :	e of filing: specific and cannot be prior to date does not meet the applicable s tment of State's records.	tatuto" - filing requir	ements, this date	will not be liste
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