

L18000129208

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000298292 3)))



H220002982923ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5STARS FLORIDA HEALTH CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

SEP - 1 2022

2022 AUG 31 PM 2:43

FILED
2022 AUG 31 PM 1:42
STATE
OF FLORIDA
SECRETARY OF STATE

Articles of Amendment to LLC Articles of Organization of
5STARS FLORIDA HEALTH CARE, LLC

The Articles of Organization for this Limited Liability Company were filed on
8-23-18 and assigned Florida document number
118000129708

This amendment is submitted to amend the following:

CHANGE ALL ADDRESSES TO:

8080 W Flagler St miami FL 33144
Suite 1 A.


REMOVE: YOVAN RODRIGUEZ

ADD: MAILYN HERNANDEZ GÓMEZ (AMOR /
R.A.)

These articles of amendment were adopted on

08/31/2022

Dated 08/31/2022

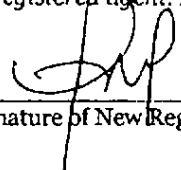

Signature of a member or authorized representative of a member

YOVAN RODRIGUEZ

Typed or printed name of signee

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

FILED

2022 AUG 31 PM 1:42

STATE
OF FLORIDA