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## **COVER LETTER**

	Registration Se Division of Cor			
CHD IFC		MEDICAL SERVICES LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		Josh Joseph		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Joseph's Medical Services	LLC	
			Firm/Company	<del></del>
		1425 VISCAYA PARKW	AY, SUITE 101	<del>,</del>
		<u></u>	Address	· · · · · · · · · · · · · · · · · · ·
		CAPE CORAL, FL 33990	1	70 71
			City/State and Zip Code	
		JOSEPHMEDICALSERVI		
			to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	all:	
JOSH JC	SEPH		239 849-9770 at ( )	
_	Name o	f Person		e Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25.0	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	ation
	Registration S Division of C		Registration Sec Division of Cor	
	P.O. Box 632	27	The Centre of T	allahassee
	Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)
were filed on and assigned
oility company here:
lity Company," the designation "LLC" or the abbreviation "L.L.C."
1425 VISCAYA PARKWAY, SUITE 101
CAPE CORAL FL 33990
***
<u> </u>
address on our records, enter the name of the new reg
Enter Florida street address
, Florida

## 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
OWNER	JOSH JOSEPH	1425 VISCAYA PARKWAY, SUITE 101	🗆 Add
		CAPE CORAL FL 33990	□Remove
			Change
			□Add
			□Remove
			□Change
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			Change

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fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of fi  ote: If the date inserted in this block does not meet the applicable statut  ocument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective time, at 12:0 is filed.	01 a.m. on the earlier of: (b) The 90th day after the
nted APril 25, 2024.	
, <u>, , , , , , , , , , , , , , , , , , </u>	
Signature of a member or authorized repre	