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TO: Registration Section Division of Corporations

VIRTUAL CAREHUB, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

William Dawkins

Name of Person

VIRTUAL CAREHUB, LLC

Firm/Company

151 NE 5th Avenue, Suite C-02

Address

Delray Beach, FL 33483

City/State and Zip Code

ogl@oraagroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 William Dawkins
 410
 9059518

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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) <u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2.76.

VIRTUAL CAREHUB, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>10/01/2018</u> and assigned Florida document number <u>1.18000231800</u>.

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) 151 NE 5th Avenue

Suite C-02

Delray Beach, FL 33483

-8 71 2:17

151 NE 5th Avenue

Suite C-02

Delray Beach, FL 33483

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

• • •

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			🗆 Change
			🗆 Add
		- <u></u>	
		·	🗖 Change
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			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the 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 record is filed.

June 4		
. /	Villiam Dark	
	Signature of a member or authorized representative of a member	_

William Dawkins

Typed or printed name of signee

Filing Fee: \$25.00