

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONSITE CARE SERVICES, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florids Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 11/15/2018 ar Florida document number 18000267727	id assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviati	on "L.L.C."
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)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of th</u> agent and/or the new registered office address here:	e new registere
Name of New Registered Agent:	
New Registered Office Address: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Cude

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## 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Elsa M Aguero	8996 NW 187th ST	
			🗆 Remove
		Hialcah, FL 33018	Change
			⊂ Add
			□Change
			⊡Add
			IChange
			🗆 🗠 🗠
			🛛 Remove
			Chunge
			DAdd
			————— ŪAdd
			☐Remove
			]Change

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

-----(optional) E. Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(5) Note: If the date inserted in this block does not nicet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifics 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. OCTOBER 18 Dated 2022 Signature of a member of authorized representative of a member President Typed or printed name of signee

Filing Fee: \$25.00