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LLC AMENDS

1. **HEALTH ESSENTIAL CARE LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Health Essential Care LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jordan Chisolm

Name of Person

Cozen O'Connor

Firm/Company

200 S. Biscayne Blvd., Suite 3000

Address

Miami, FL 33131

City/State and Zip Code

adam@healthteamone.com

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

For further information concerning this matter, please call:

Jordan Chisolm

786 871-3950
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

Mailing Address:

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

Health Essential Care LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/10/2019 and assigned Florida document number L19000012849.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5211 NE 18th TERRACE

FORT LAUDERDALE, FL 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 39927

FORT LAUDERDALE, FL 33339

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

Name of New Registered Agent:

Adam Beeman

New Registered Office Address:

5211 NE 18th Terrace

Enter Florida street address

Fort Lauderdale

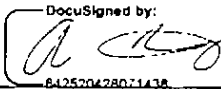
Florida 33308

City

Zip 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, I hereby confirm that the limited liability company has been notified in writing of this change.

DocuSigned by:


642520428071438

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>	<u>Address</u>	<u>Type of Action</u>
AP	Richard Ryscik	262 NW 92nd Ave	<input type="checkbox"/> Add
		Coral Springs, FL 33071	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Adam Beeman	5211 NE 18th Terrace	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Beeman's Future Inc.	5211 NE 18th Terrace	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE FL
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 29 _____, 2021

DocuSigned by:
A [Signature]
01-2023-2018-0000

Signature of a member or authorized representative of a member

Adam Beeman, President

Typed or printed name of signee

Filing Fee: \$25.00