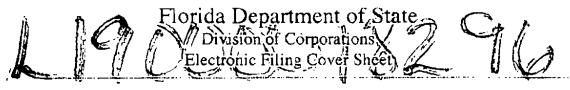
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TC FL 09, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Floride Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on 01/24	2/2019 and assigned
Florida document number L19000018296	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	<u>:</u>
	20
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	五百五五
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	- 12
Enter new mailing address, if applicable:	
(Mailing gddress MAY BE A POST OFFICE BOX)	26
B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here:  Name of New Registered Agent:	our records, enter the name of the new
New Registered Office Address:  Enter Florid	a street address
	, Florida
City	Zip Code

I hereby accept the appointment as registered uyent 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

Title	Name	Address	Type of Action
AMBR	TrueCare Management, LLC	7000 W Palmetto Park Rd, Suite 210	
		Boca Raton, FL 33433	
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			□ Change
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			□ Change
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If an effective date is listed, the date Note: If the date inserted in th	the date of filing:  must be specific and cannot be prior to date of filing of a block does not meet the applicable statutory file Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.02 iling requirements, this date will not be listed a	07 (3)(t as the
	ved effective date, but not an effective	e time, at 12:01 a.m. on the earlier	of:
Dated April 30	2019		
	2/129		
( Su	Signature of a member or authorized representat	tive of a member	

Page 3 of 3

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