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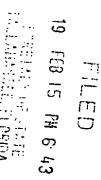
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	egistration Se ivision of Cor			
SUBJECT		E SOLUTIONS LLC		
		Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	indence concerning this matter	to the following:	
		BERNARDO MIERES		
			Name of Person	
		P&M CARE SOLUTIONS	Name of Person  ONS LLC  Firm/Company  Address  96  City/State and Zip Code Lcom s: (to be used for future annual report notification) e call:	
		<del>.</del>	Firm/Company	<del></del>
		16315 SW 103 ST		
			Address	
		MIAMI/FLORIDA 33196		
		pymcaresolutions@gmail.co		
		E-mail address: (	to be used for future annual report noti-	fication)
For further	information c	oncerning this matter, please ca	all:	
BERNARI	OO MIERES			
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	<b></b>			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P&M CARE SOLUTIONS LLC	
( <u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were clorida document number L19000049449.	filed on FEBRUARY 19, 2019 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability c	ompany here:
	19
he new name must be distinguishable and contain the words "Limited Liability Cor	mpany," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
<u> </u>	· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
·	
. If amending the registered agent and/or registered office a egistered agent and/or the new registered office address here:	address on our records, <u>enter the name of the</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	1012 .d _

## 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 Code

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>	Type of Action
MGR	CARLOS PEREZ	16315 SW 103 ST, MIAMI FL 33196	
			□ Remove
			■ Change
			□ Add
		<del></del>	☐ Remove
			Change
<del></del>	<del></del>		19 □ Add
			Remove
			Li Change
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			Add
			Remove
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ated				t an effective	time, at 12:0	1 a.m. on t	he ea	arlier
Signature of a member or authorized representative of a member	MARCH 16		2019	<u> </u>				
Signature of a member of authorized representative of a member			0	W				
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Filing Fee: \$25.00