

L1900057525

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09/05/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Associated Medical 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:

Daniel D. Diaz, Esq

Name of Person

Associated Medical Care LLC

Fifth/Company

3399 NW 72 Avenue, Suite 227

Address

Miami, FL., 33122

City/State and Zip Code

Daniel@DDiazlaw.com

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

For further information concerning this matter, please call:

Daniel D. Diaz

786 256-3299

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**

Associated Medical 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 02/27/2019 and assigned Florida document number L1900005725.

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)

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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.

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

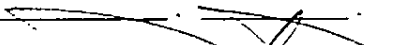
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	New Health Holding LLC	3399 NW 72 Avenue, Suite 227	<input type="checkbox"/> Add
		Miami, Fl., 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Claudio Arellano	3399 NW 72 Avenue, Suite 227	<input checked="" type="checkbox"/> Add
		Miami, Fl., 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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September 4, 2024

Dated _____



Signature of a member or authorized representative of a member

Daniel D. Diaz, Esq. - Chief Legal Officer

Typed or printed name of signee