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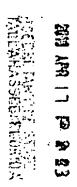
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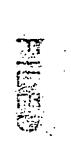
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COVER LETTER

TO:

| TO: Registration Section Division of Corporations |
|---|
| Division of Corporations ECT: RIDE CARE Medical Solution LLC Name of Limited Liability Company nelosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Legal |
| 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: |
| Division of Corporations SUBJECT: PLACE Much Solution 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: Degan |
| Firm/Company |
| 22215 Bella Lago Da. Apt 2119 Address |
| BUCA Rabo FL 33433 City/State and Zip Code |
| INFO @ Ricle Care medical Solution. Com- E-mail address: (to be used for future annual report notification) |
| |
| Jean Court Court at (501) 306 - \$144 Name of Person Area Code Daytime Telephone Number |
| |
| Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy |
| |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riche Cont Westical Solution Let (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 3 | 14/19 | and assigned. | |
|---|----------------------------------|-------------------|---|--|
| Florida document number LJGCCOCG2075. | | 1 | MOCEST AND DEISTARD MOLARASSEE ALORIDA | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here | <u>2</u> : | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the desi | ignation "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 of registered agent and/or the new registered office address her | ffice address on • <u>e</u> : | our records, | enter the name of the new | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florid | da street address | | |
| | , Florida | | | |
| | City | | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete | e performance of r | ny duties, and | ther agree to comply with the d I am familiar with and | |

If Changing Registered Agent, Signature of New Registered Agent

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 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> | Name | Address | Type of Action |
|--------------|------------------------------------|------------------------|-------------------|
| MCR | Carlos Ernesto Villarkoel Adria | 6010 RECE Rol 3/dg 5 | 🗹 Add |
| | | 12pt 415 | □ Remove |
| | Jean C Somoza | Davie, FC 33314 | Change |
| MGR | COVA | 22215 Bella LAJO DC | B Add |
| | | Apt 2115 | Remove |
| | | BOLA RODN, PL 33473 | <u>}</u> □ Change |
| 14612 | CANOS VIllarnoel SA | 10010 REUSE Rel Blds S | □ Add |
| | | Apt 45 | _☐ Remove |
| | | Davie, FC 33314 | 🗆 Change |
| MG12 | Jean Somera SR | 22215 Bella Lago Da | _□ Add |
| | | Act 2119 | _ ☐ Remove |
| | | BOCA Paton, FL 3343 | ∑ □ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
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| | | | Change |

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| | | | | <i>,</i>) | | - | | |
| (If an effe <u>Note:</u> 1 | ctive date is listed, the fate inserted | than the date of the date must be speci I in this block does to on the Departmen | ific and cannot be s not meet the ar | oplicable statu | filing or more than | | ig.) Pursuant to 605. | |
| | | delayed effect the record is f | | t not an eff | ective time, | at 12:01 a.m | i. on the earlie | er of: |
| Dated _ | 4/2 | Signatur | | 19 | | | | |
| | - / /201 1 | ['kw~ | | | | | | |
| _ | * 4 | Signatur | re of a member or | authorized repr | esentative of a me | ember | | |

Page 3 of 3

Filing Fee: \$25.00