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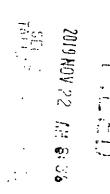
(Requestor's Name)	_
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(City/State/Zip/Phone #)	_
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(Business Entity Name)	_
(Document Number)	-
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: <u>eester</u> of Hode Healthcare 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:	
MyRtha AUGSTI	
Firm/Company	
7364 v. A.) e o mando	
Lake worth DZ 33467 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (561) 951 - 8093  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Status}\$  \$55.00 Filing Fee \$\sum \text{Certified Copy (additional copy is enclosed)}\$  \$\sum \text{Certified Copy (additional copy is enclosed)}\$	

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

(Name of the Limited Liability Compar (A Florida Limited L	to Pe GRALH-cone LLC  iv as it now appears on our records.)  iability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\frac{\frac{1900102860}{}}{}\).	were filed on APril 15, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	6879 W WHARRIST BI
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	6879 W COMPERCIAL SIN TAMANAC FZ 33319
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida 7 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	regatha Avast-	7364 Ula Zeorando Lake W	12 3346 10 Add
			□ Remove
			Change
MGN	Mantine vedutre	6350 KW 41st tenz wooms	neck Fl 3307
			□ Remove
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If an e Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	11-18. 2018.
	Ant The second of the second o
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00