6/5/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Electronic Filing Menu Corporate Filing Menu

JUN¹0 6 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIR HEALTH CARE LLC				
(Name of the Lit	nited Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number £19000140046	Liability Company	were filed on $\frac{05/2}{}$	4/2019	and assigned
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the des	signation "LLC" or the abb	
Enter new principal offices address, if appl	icable:		:	
(Principal office address MUST BE A STRE			3. R	
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Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			· <u>·</u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)				ÇŲ.
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B. If amending the registered agent and egistered agent and/or the new registered	d/or registered of office address here	fice address on (our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:	JUAN MANUE	L RODRIGUEZ CO	DELLO	
New Registered Office Address:	3735 W 6TH CT			
New Jeekisters Office Address.		Enter Florid	a street address	
	HIALEAH		, Florida 330	12
		City		Zio Code
New Registered Agent's Signature, if changing	Registered Agent:			
hereby accept the appointment as register rovisions of all statutes relative to the pro	ed agent and agre	e to act in this ca performance of m	pacity. I further agre	e to comply with the
ccept the obligations of my position as reg eing filed to merely reflect a change in the ompany has been notified in writing of this	ristered agent as p registered office	rovided for in Ch	apter 605, F.S. Or, ij	this document is
	A J	tors		<u> </u>

Page 1 of 3

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> AMBR	Name JUAN MANUEL RODRIGUEZ	Address 3735 W 6TH CT	Type of Action
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e record specific The 90th day a	es a delayed eff e fter the record i	ective date, but not s filed.	an effective time	e, at 12:01 a.m. on	the earlier of:
Dated 6/5		2019			
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_12,2_3	Signa	ture of a member or autho	rized representative of a	member	
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