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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to F	Filing Officer:	
	Office Use Only	Will the state of



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SECRETARY LITTLE STALLARKS TELL SE

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## **COVER LETTER**

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CHDIECT.	MEDI PRIM	ME CARE. LLC	•	4'	
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for tiling.		
Please return	all correspo	ndence concerning this matter	to the following:		
		FRANCIS A CABAN			
			Name of Person	···	<b></b>
			Firm/Company		- : 21
		109 MARGARET ST			2025 HAR 12 SECRETAR TALLAH
		BRANDON, FL 33511	Address		TARY L
		billing@mediprimecare.com	City/State and Zip Code		- 2:52 - 7:50
For further in	iformation co	E-mail address: (o	to be used for future annual report no all:	titication)	l 10
FRANCIS P	P. CABAN	<del>-</del>	813 6542544		
	Name of	f Person		me Telephone Numbe	er
Enclosed is a	a check for th	ne following amount:			
<b>Š</b> \$25.00 E	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Re	iling Addres	Section	Street Address: Registration S		
	vision of C D. Box 632	Corporations .7	Division of Co The Centre of	•	
Ta	Hahassee, I	FL 32314	2415 N. Monr	oe Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDI PRIME CARE, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	<del>)</del>
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 1.19000142848		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	FRANCIS P. CABAN	
(Principal office address MUST BE A STREET ADDRESS)	109 MARGARET ST	
	BRANDON, FL 33511	203 SE
Enter new mailing address, if applicable:	109 MARGARET ST	2075 HAR I SECRETA
(Mailing address MAY BE A POST OFFICE BOX)	BRANDON, FL 33511A	2000年
		2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
new registered Office Address.	Enter Florida street address	
	, Flor	
	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 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>	Address	Type of Action
AMBR	FRANCIS P. CABAN	1605 RENAISSANCE WAY TAMPA FL 33602	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
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			DAdd
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Effective date, if other than the date of filing:	_	
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Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idocument's effective date on the Department of State's records.  The effective date and effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Dated   Dated   NRWA . 7036		
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Dated 5 march . 7038.	Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Signature of a member or authorized representative of a member	Dated _	5 march . 2025.
Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00