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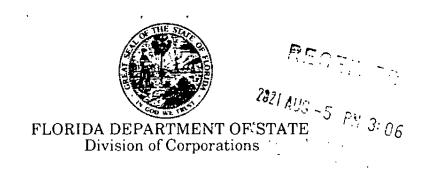
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PICK-UP WAIT MAIL	
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July 16, 2021

MELISSA GIARRATANO 1922 S.E. PORT SAINT LUCIE BLVD PORT SAINT LUCIE, FL 34952

SUBJECT: 5 STAR MEDICAL CARE LLC

Ref. Number: L20000040180

We have received your document for 5 STAR MEDICAL CARE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 421A00016398

(2)

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5 Stay 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:
Melissa Guarra Juno Name of Person
5 Star Medical Cave LLC
1922 SE PORT ST LUCIE Blud
Port St Lucie, Fl 34952
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Giarratano at 772, 579.0932 Name of Person Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$60.0
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

5 Stur med	1(a) ('ave LLC'
(Name of the Limited Liab) (A Flori	da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L20000 40</u>	Company were filed on $\frac{21313030}{80}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	Yohanna Deno
New Registered Office Address:	122 SE YOUTSTUUL TSTUU
	Rt St WWW. Florida 34952

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>	Type of Action
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