2024-07-02 18:55:01 GMT

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From: Yanet Avila

7/2/24, 2:52 PM

Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALPHA SENIOR DAY CARE LLC

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Electronic Filing Menu Corporate Filing Menu

HelfUL 0 2 2024

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		*
ALPHA SENIOR DAY CARE LLC		
(<u>Name of the Limited Liability Comps</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/21/2020	and assigned
Florida document number 120000058398		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	If amending name, enter the new name of the limited liability company here: te new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		· (1)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2 7
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the nar</u>	
agent and/or the new registered office address here:		= 0
Name of New Registered Agent:		
New Registered Office Address:		V9
	Enter Florida street address	
	, Florida	
	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.

From: Yanet Avila

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
MGR ILJANA SIFR	ILJANA SIFREDO	5352 WEST 16TH AVE	
		HIALEAH, FL 33012	□Remove
			☐ C'hange
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			Change
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		, ∏Add	
			□ Rепюче

From: Yanet Avila

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ated JUNE 2	day after the
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Bout III:	
Signature of a member or authorized representative of a member	