12000 103742

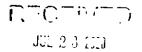
(Request	or's Name)	
(Address)	
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(City/Stat	e/Zip/Phone #)	-
, DICK-Nb] WAIT	MAIL
(Busines:	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

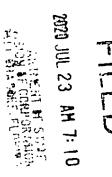
Office Use Only



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SEP 11 7070 S. YOUNG

COVER LETTER

Division of Co	rporations		
INDE HEA	ALTH, LLC -	•	
SUBJECT:			
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marirene Salazar		
		Name of Person	*
	INDE HEALTH, LLC		
		Firm/Company	
	4901 SW 196 LN		
		Address	
	Southwest Ranches, FL 33	3332	
		City/State and Zip Code	
	MARIRENEF@GMAIL.C	OM	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all:	
Marirene Salazar		305 965-3336	
		at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

INDE HEALTH, LLC			do
(Name of the Lim	ited Liability Comp	any as it now appears on our r Liability Company)	ecorus.
	(A Florida Limited	Liability Company)	2020
The Articles of Organization for this Limited I	ishility Company	APRIL 15, 2	2020 and assigned
1.20000103742	Jiaomity Company	were med on	
Horida document number 1,20000103742	,		
This amendment is submitted to amend the fol	lowing:		1.10
A. If amending name, enter the new name	of the limited lial	oility company here:	
N/A			
The new name must be distinguishable and contain the	wards "Limited Ligh	ility Campany " the decianation	"I I C" or the abbreviation "I I C"
he new name most be distinguishable and contain the	words 1.iiiiied 1.iat/	-	DEC of the anoteviation 13.13.6.
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE.	ET ADDRESS)		
The state of the s	<u> </u>		
			
		> **/ >	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
3. If amending the registered agent and/or		address on our records, <u>e</u>	nter the name of the new registere
gent and/or the new registered office addr	ess nere:		
	N// A		
Name of New Registered Agent:	N/A		
	N/A		
New Registered Office Address:		Enter Florida street a	addrace
		Enver r tortaa street o	шигезэ
	N/A	. <u></u>	_, 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.

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
MGR ELEONORA GARCIA	14639 SW 15 CT		
	Pembroke Pines, FL 33027	□Add	
		remotoke rites, rt. 5.0027	= Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		□Remove	
		Change	
	·	□Add	
		□Remove	
		Change	
		□Add	
		□ Remove	
	 	□ Change	
			□Remove
			□Change

	N/A
•	
-	
•	
-	
-	
ffect	ive date, if other than the date of filing: (optional)
an eff	ective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a
сип	ent's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is fi	ed.
	JULY 15, 2020
ated	
	1 /amen Saan.
	Signature of a member or authorized representative of a member Marirene Salazar