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(ке	questor's Name)	l
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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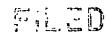
COVER LETTER

то:	Registration Se Division of Cor			
CHINA	NYC Healt	hcare LLC		
SUBJE	:C1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Victor Padilla		
			Name of Person	
		<u></u> .	Firm/Company	
		3700 N	SEDERAL Huy Address	· SUPE # 220
		BOCK RATE	ON, FL 3343 City/State and Zip Code	
		E-mail address: (TLTH MRE ILC @ (and IL. Cay.
For fur	ther information o	concerning this matter, please co	ali:	
<u>.</u>		PAOILIA	at (305) 547 - Area Code Daytime	9258
	Name o	of Person	Area Code Daytime	· Telephone Number
Enclos	ed is a check for t	he following amount:		
□ \$2	5.00 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)

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



2022 JUN - L PH 3: 21

NYC Healthcare LLC		SEC	STATE
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.) TALL	AMASSEE, FL
The Articles of Organization for this Limited I. Florida document number 1.20000157657	Liability Company were filed on	une 9th, 2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the name	of the new registered
Name of New Registered Agent:	Irvin Reyes		
New Registered Office Address:	11741 NW 27th Court		
	Enter F	lorida street address	
	Plantation	Florida 3332	23
	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>	Address	Type of Action
MGR	Victor Padilla	12246 NW 11th Street	□Add
		Pembroke Pines FL 33026	■Remove
			□Change
MGR	Irvin Reyes	11741 NW 27th Court	■Add
		Plantation FL 33323	□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
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			Change

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n effective <u>te:</u> If th	ate, if other than the date of filing:
cord spe s filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted May	27th 2022
	14/
	Signatute of a member or authorized representative of a member
	Victor Padilla

Filing Fee: \$25.00