# L200001516517

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP     ☐ WAIT     ☐ MAIL

_____
(Business Entity Name)

_____
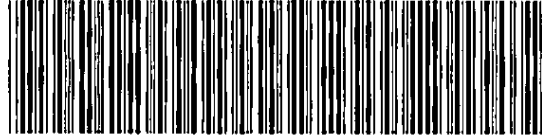(Document Number)

Certified Copies _____     Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

JUN - 8 2022

Office Use Only

# COVER LETTER

TO:     Registration Section
        Division of Corporations

SUBJECT: NYC HEALTHCARE, 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:

Irvin Reyes
_____
                Name of Person


_____
                Firm/Company

2200 N Federal Highway Suite 220-221
_____
                Address

Boca Raton, FL 33431
_____
                City/State and Zip Code

nychealthcarellc@gmail.com
_____
    E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irvin Reyes                                    800      330-9448
_____    at (_____) _____
        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,
                          Certificate of Status      Certified Copy             Certificate of Status &
                                                     (additional copy is enclosed)   Certified Copy
                                                                                (additional copy is enclosed)


**Mailing Address:**              **Street Address:**
Registration Section              Registration Section
Division of Corporations          Division of Corporations
P.O. Box 6327                     The Centre of Tallahassee
Tallahassee, FL 32314             2415 N. Monroe Street, Suite 810
                                  Tallahassee, FL 32303

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

NYC Healthcare LLC
_____
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 9, 2020 _____ and assigned

Florida document number L20000157657 _____ .

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

_____

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)*          _____

_____

Enter new mailing address, if applicable:                    _____

*(Mailing address MAY BE A POST OFFICE BOX)*          _____

_____

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:          Christopher Felty
_____

New Registered Office Address:          10176 Royal Palm Blvd
_____
*Enter Florida street address*

Coral Springs                    , **Florida** 33065
_____          _____
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

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
| Manager | Irvin Reyes | 11741 NW 27th Court | ☐Add |
| | | Plantation, FL 33323 | ■Remove |
| | | | ☐Change |
| Manager | Christopher Felty | 10176 Royal Palm Blvd | ■Add |
| | | Coral Springs, FL 33065 | ☐Remove |
| | | | ☐Change |
| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Change |
| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Change |
| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets. if necessary.)*

_____

_____

_____

_____

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_____

_____

**E. 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 (3)(b)
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements. this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated ___June 3rd_____ , ___2022_____ .

_____
Signature of a member or authorized representative of a member

_____Irvin Reyes_____
Typed or printed name of signee

**Filing Fee:  $25.00**