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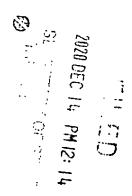
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
SUBJECT:	Care For Y	ou Medical Center LLC		
SUBJECT.	 ,	Name of Lim	ited Liability Company	·
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returr	all correspo	ondence concerning this matter	to the following:	
		Tanisha Hodge		
			Name of Person	
		Care For You Medical Cer	nter LLC	
			Firm/Company	
		5412 West Atlantic Blvd		
			Address	
		Margate, Florida 33063		
			City/State and Zip Code	
		thodge@careforyoumedica	i.org to be used for future annual report	notification)
For further is	nformation c	oncerning this matter, please c	-	,
Tanisha Ho	dge		954 5322441 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	a check for th	ne following amount:		
≘ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address Registration	
	~	Corporations	Division of (
P.C	D. Box 632	.7	The Centre of	f Tallahassee
Tai	llahassee, l	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Care For You Medical Center LLC					
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 06/17/2020	and assigned			
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 Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		S 20			
		20 05			
Enter new mailing address, if applicable:	· 				
(Mailing address MAY BE A POST OFFICE BOX)		P			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registere			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Flori	da			
New Registered Agent's Signature, if changing Registered Agent	City <u>:</u>	Zip Code			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is			

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	Frederick Rochman	1800 West Colonial Drive	
		ORLANDO, FL 32804	≣Remove
			□Change
			□ Add
		□Remove	
			□Add
			□Remove
			□Change
		 	□Add
			Remove
			☐ Change
			□Add
			Петоvе
			□ Change
		· · · -	□Add
			□Remove
			□ Change

	
	
-	
	date, if other than the date of filing:
f an effecti Note: If t	date, if other than the date of filing:
If an effecti Note: If t document	ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
If an effecti Note: If I document e record syrd is filed.	ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
If an effecti Note: If the document of the second	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a constant of the Department of State's records. Pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

Filing Fee: \$25.00