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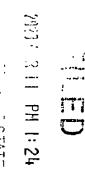
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BOS PARSO

R. HUNT 04/1/22

COVER LETTER

	gistration Section of Corp						
erib irzer	COMPLETE	EMEDICARE SOUTIONS, L	.LC				
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Scott A. Frick, Esq.					
			Name of Person				
		Frick Law Group, P.A.				وما	
			Firm/Company			٤	
		1005 N. Marion Street			-		;
		·	Address				*
		Tampa, Florida 33602				293 43R 11 PM 1: 24	
			City/State and Zip Code		三三	2	-
		sfrick@fricklawgroup.com			[,,]	4	
			to be used for future annual report notification	n)			
For further in	iformation cor	ncerning this matter, please ca	all:				
Scott A. Frid	ek, Esq.		813 766-1909 at ()				
	Name of I	Person	Area Code Daytime Telep	phone Number			
Enclosed is a	check for the	following amount:					
□ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Statu:		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallabarass Et 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Manney Camera, Cultar 010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPLETE MEDICARE SOUTIONS, LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Comp	sany were filed on $\frac{08/17/2020}{}$ and assig	ned		
Florida document number L20000251448				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
COMPLETE ELITE SOLUTIONS, LLC				
The new name must be distinguishable and contain the words "Limited I	iability 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	0			
	· 59			
		: .		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	4		
Mailing address MAY BE A POST OFFICE BOX)				
,	Pop = I			
	সন্ ।			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the nafile of the new i	regis		
Name of New Registered Agent:				
New Registered Office Address:				
	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.

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
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			□Remove
			Change
			□Add
			Remove
			Change
			
			PHRemove
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ective date, if other than to effective date is listed, the date is	he date of filir must be specific ar	ng: nd cannot be prior	o date of filing	or more than 90 day	(optional) s after tiling.) Pr	ursuant to (605.020
<u>ite:</u> If the date inserted in this	block does not	meet the applica	ble statutory	iling requirement	s, this date wi	ll not be l	isted as
cument's effective date on the	: глеранивен от	State's records.					
ecord specifies a delayed effec	etica data, but n	y an affantira tir	va et 12:01 e	m an tha aarliar	se day Thu O	Oth day a	fa.m.eh.s
is filed.	are date. but it	n an enecuve in	nc. at 12.01 a	m. on the carner	O1. (0) THC 3	oni day a	iter the
ted April 5		2023)	
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Typed or printed name of signee