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COVER LETTER

TO: Registration : Division of Co	Section orporations				
Our wer	TRAVI HE	TRAVI HEALTH CARE LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	CAROL JOY BIGGS				
Name of Person				•	
TRAVI HEALTH CARE LLC					
Address NORTH MIAMI, FL 33161 City/State and Zip Code owensjoy335@gmail.com E-mail address: (to be used for future annual report notification)				-	
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For further information	concerning this matter, please c	·	iication)	MM 9: 14 OF STATE SEE. FL	
CAROL JOY BIG	GS	305 301-0826		· H -	
Name	of Person		Telephone Number	r	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

to

ARTICLES OF ORGANIZATION

of

TRAVI HEALTH CARE LLC

(A Florida Limited Liability Company)

The Articles of this Limited Liability Company were filed on August 26th 2020, with Effective Date of August 21st 2020 and assigned Florida document number **L20000265353**.

This Amendment is submitted to amend the following:

A. PERSON(S) AUTHORIZED TO MANAGE THE LLC

Type of Action Title Name Address

Change MGR EDDY TRAVIESO INCLAN 1400 NE 125 Street, Suite 208

Remove North Miami, FL 33161

The date of each amendment(s) adoption: JANUARY 24TH 2023

Effective date: JANUARY 24TH 2023

Adoption of Amendment

☑ The amendments were adopted by the members. The number of votes amendments were sufficient for approval.

Dated JANUARY 24TH 2023

Signature

Printed Name:

EDDY TRAVIESO INCLAN

Title:

MGR/Authorized Representative