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## COVER LETTER

TO: Registration S Division of Co							
	L CAREER HEALTHCARE T	RAINING "LLC"					
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	Name of Person  Area Code  Daytime Telephone Number  Check for the following amount:  Cling Fee  S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)						
Please return all corresp	ondence concerning this matter	to the following:					
	SANDRA SMITH						
		Name of Person					
	MEDICAL CAREER HE	ALTHCARE TRAINING "LLC"					
		Firm/Company					
	1147 EDGEWOOD AVE	S SUITE 2					
		Address					
	JACKSONVILLE, FL. 32205						
		City/State and Zip Code					
		·	iffication)				
For further information c	oncerning this matter, please c	all:					
DR. JOSE OTERO							
Name o			ne Telephone Number				
Enclosed is a check for t	ne following amount:						
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy				
Mailing Addres Registration 5			ection				
Division of Corporations		Division of Co	Division of Corporations				
P.O. Box 632			The Centre of Tallahassee				
Tallahassee. I	11, 54514	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDICAL CAREER HEALTHCARE TRAINING "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  $\frac{10/13/2021}{}$ \_ and assigned Florida document number 120000272933 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MEDICAL CAREER HEALTHCARE TRAINING, LLC 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: New Registered Office Address: Enter Florida street address 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Dated OCTOBER 13		2021				
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Filing Fee: \$25.00