## 120000322314

(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:
<u> </u>

Office Use Only



900354117519

10/26/20--01031--026 \*\*25.00

S. YOUNG

## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Too	CARE Health	LLC	
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	GLENIAL	Name of Person	
	<u> </u>	Name of Person	
	- a 11	111 110	
	Top CARE H	Firm/Company	
	2800 West C	Dalcland Dank Blue	200
		Address	
	Oakland Park	FL. 3331) City/State and Zip Code	
	Motivation E-mail address:	1977 Oyahoo. Com to be used for titure annual report noti	(ficatum)
For further information of	oncerning this matter, please c		THE ALL VIII
To furnice intormation co	meetining this matter, please c	an.	
Glenn Too	mon 10	at (754) 80) · · · · · · · · · · · · · · · · · · ·	3045
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Care	Health Liability Compa	, LLC inv as it now appears on or	ur records.)	7923 OCT
Top Care  (Name of the Limite)  The Articles of Organization for this Limited Lia  Florida document number 2000_32  This amendment is submitted to amend the follow	A Florida Limited bility Company <u>그러나</u> . wing:	were filed onOc-	+. 12, 202	o angassigned.
A. If amending name, enter the new name of  Top Cage Health, LLC  The new name must be distinguishable and contain the wo	the limited liab			10 m 1 0 m
The new name must be distinguishable and contain the wo	ble:	NA		
Enter ne <b>w malli</b> ng <b>ad</b> dress, if applicable: (Mailing <b>addre</b> ss MAY BE A POST OFFICE B	<u>(OX)</u>	N/A		
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our record	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	GIENN	Toomer	) <sub>2</sub>	
New Registered Office Address:		Enter Florida stre	eet address	
		City	, Florida	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.

Slann h toomer St.

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
AMBR	Glenn K. Toomer, Ja.	2000 West Oakland Pank Bla	d_ t⊋∧dd
		#200. (Oakland Park, F). 33311	□Remove
	<del></del>		□Add
			□Remove
			□Change
			_ 🗆 Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			_ □Change
<del></del>			_ □Add
			_ CRemove
			□Change

_	
-	
-	
-	
_	
-	
-	
-	
-	
-	
_	
-	
_	
-	
_	
-	
`an effe <u>Sote:</u>	ve date, if other than the date of filing:
recore d is fil	I 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 ed.
ated .	
•	2
	Signature of member or authorized representative of a member  Clean L. James Jo.  Typed or printed name of signee
	organization of a memory of a memory
	Calca V Transactor