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(Re	equestor's Name)			
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## **COVER LETTER**

TO: Registration Section

Division of Co	rporations	_				
	Health Car	e Provider ELC				
Name of Limited Liability Company						
	Amendment and fee(s) are sub	-				
r tease return an corresp	ondence concerning and maner	to the following.				
		Leyanis Moredo Ortega				
	Name of Person					
		Leyanis				
	Firm/Company					
		7161 W 2nd lane				
		Address				
		Hialeah FL				
		City/State and Zip Code leyieduard561@gmail.com				
		to be used for future annual report no	tification)			
For further information	concerning this matter, please c	all:				
Leyanis Moredo		1 3	786-440-1871			
Name	of Person	Area Code Daytii	ne Telephone Number			
Enclosed is a check for t	the following amount:					
S25.00 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		<u>Street Address:</u> Registration Se				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Health	Care Provider LLC		
(Name of the Limited (A	Liability Company as it now apper Florida Limited Liability Company	ars on our records.)	<del></del>
The Articles of Organization for this Limited Liab Clorida document number 85-3829632	oility Company were filed on	Leyanis Moredo Ortega	and assigned
his amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
enter new principal offices address, if applicab	e:		
Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	)X)		
	<del></del>		
3. If amending the registered agent and/or reg		records, enter the name	of the new registe
gent and/or the new registered office address	<u>here</u> :		2 50
			17.1
Name of New Registered Agent:	<del></del>		l .
New Registered Office Address:			271 1
	Enter F	lorida street address	
		, Florida	===
	Ciţv		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>	Name	<u>Address</u>	Type of Action
AMBR	Leyanis Moredo Ortega	7161 W 2nd Lane Hialeah fl 33014	■Add
			Remove
MGR Leyanis Moredo Ortega	Leyanis Moredo Ortega		
			□Remove
		- <del></del>	
			Remove
			□ Change
		□ Add	
			Remove
	· · · · · · · · · · · · · · · · · · ·		□ Add
			□ Remove
			Change
			□ Remove
			□Change

Sec. 3. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Effective date, if other than the date of filing: (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. he record 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 ord is filed. 01-10-2021 Dated \_\_\_\_\_

Signature of a member or authorized representative of a mornber

Leyanis Moredo

Typed or printed name of signee