L21000021861

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Dusitiess Littly Name)	
(Document Number)	
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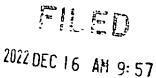
Account#: I20000000088

Date:	12/15/2022	
Name:	Greg Pintacuda	<u> </u>
Reference #	#:1861897	_
Entity Name	BERAJA HE	ALTHCARE, LLC
Artic	les of Incorporation/Authorization	to Transact Business
✓ Ame	ndment	
Char	nge of Agent	
∏ Rein	statement	
Con\	version	
Merg	ger	
☐ Disso	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	r	
Authorized	Amount:\$25	
Signature: _	41/4/	

F: 800.944.6607

E. +852 2682 0700

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

BERAJA HEALTHO	•	Statish Ahassielei	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabil	ity Company)	1741 HARASSIE, FL	
The Articles of Organization for this Limited Liability Company wer Florida document numberL21000027861	e filed on01/28/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	, if applicable: 2550 S. Douglas Rd., Suite 100		
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33134		
Enter new mailing address, if applicable:	2550 S. Douglas Rd	., Suite 100	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida	33134	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, end	ter the name of the new	
	Florida		

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.

City

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 = 3	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
			Change
			⊐ Add
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an effective of lote: If the	ate, if other than the date of filir date is listed, the date must be specific ar date inserted in this block does not effective date on the Department of	nd cannot be prior to date meet the applicable st	of filing or more than 90 day	(optional) is after filing.) Pursua is, this date will no	nt to 605.020 Lbe listed a
	specifies a delayed effective I day after the record is filed		effective time, at 12	:01 a.m. on the	e earlier o
ated	December 7	2022	_ /		
		16	>/		
	Signature of a	member or authorized r	presentative of a member		

Page 3 of 3

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