621000080107

(Re	equestor's Name))
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

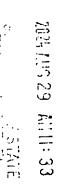
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COVER LETTER

	Registration Se Division of Cor			
eun in e		LTH CARE MEDICAL GROU	JP, LLC	
SUBJEC	·1: <u></u>	Name of Lim	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		CARLOS A AUTIE		
			Name of Person	
			Firm/Company	
		3212 W 114TH TER		
			Address	
		HIALEAH, FL 33018		
		CARPINIA CONTRACTO	City/State and Zip Code	
		ONEHEALTHCAREMED E-mail address: (GRP@GMAIL.COM to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please co		
CARLO	S A AUTIE		305 778-6767 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.·	00 Filing Fee	S30.00 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

ONE HEALTH CARE MEDICAL GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company value of Dirac Liability Company $\frac{L21000080107}{L21000080107}$.	were filed on <u>02/17/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	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 a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	ida 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 Changing Registered Agent, Signature of New Registered Agent

ယ

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	LIENLI PERDOMO		□Add
		3212 W 114TH TER, HIALEAH, FL 33018	Remove
			□Change
		_	□Add
			□Remove
		<u></u>	□Change
			□Add
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Tective date, if other than than effective date is listed, the date in	ne date of filing:		(optional)	
an effective date is listed, the date mote: If the date inserted in this scument's effective date on the	block does not meet the app	licable statutory filing req	an 90 days after filing.) Pu uirements, this date wil	rsuant to 605,0207 I not be listed as
record specifies a delayed effect is filed.	ive date, but not an effective	e time, at 12:01 a.m. on the	e earlier of: (b) The 90	Ith day after the
08/20/2024 nted	8:05 A.M	1. 		
		Che		

Filing Fee: \$25.00

Typed or printed name of signee

9 Mill: 32