Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000422128 3)))



H210004221283ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

ZIROM IS PRISELZ

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HONEST CARE HEALTH SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FILED PH 3: 21

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to LLC Articles of Organ	zation of
Movest Care Health Services 21	
The Articles of Organization for this Limited Liability Company were 2/18/2/ and assigned Florida document num	
This amendment is submitted to amend the following:	
Reyour Maria Eleus Rodriques	:
Reyove Maria Eleus Rodrigues Reusove Jesse Christian Cutsh	gu
<u> </u>	
add Rayon Batista eltonso	
add Rayon Betista elfonso. AMBR/R.A	
5900NW 97AUE C-22	
Doral FC 33178	
	15 Su 22
These articles of amendment were adopted on	PILE
Dated	PM 3: UHSIA UFLOR
	2
Signature of a member or authorized representative of a member	
Marie on 13ctists Altonsy Typed or printed name of signee	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the	: bligations of the
position.	