

4/26/2021

**H21000097863**

Division of Corporations  
Florida Department of State  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
M ELITE MOBILE HEALTH CARE LLC

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Electronic Filing Menu

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US  
4/29/21

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

M ELITE MOBILE HEALTH CARE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1.21000097863 and assigned  
Florida document number 03/08/2021.

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 Company," the designation "LLC" 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)

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HIALEAH, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ENRIQUE MARSHALL

New Registered Office Address: 146 E 13TH ST  
*Enter Florida street address*

HIALEAH, Florida 33010  
*City 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ENRIQUE MARSHALL	146 E 13TH ST	<input type="checkbox"/> Add
		HALEAH, FL 33010	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	YULEYDIS MARSHALL	146 E 13TH ST	<input type="checkbox"/> Add
		HALEAH, FL 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YUNIOR MARSHALL	146 E 13TH ST	<input type="checkbox"/> Add
		HALEAH, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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