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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

BETTER YEARS AHEAD MEDICAL CENTER LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person BETTER YEARS AHEAD MEDICAL CENTER LLC Firm/Company 4728 NORTH HABANA Address TAMPA, FL 33614 City/State and Zip Code BETTERYEARSMEDICALCENTER@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TAIMARYS VELAZQUEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & **■** \$55.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BETTER YEARS AHEAD MEDICAL CENTER LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
he Articles of Organization for this Limited Liability Company were filed o	on <u>03/30/2021</u> and assigned
lorida document number 1.21000147682	
orida document fidinoci	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	unv here:
ETTER YEARS AHEAD MEDICAL CENTER LLC	
he new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	~
nter new mailing address, if applicable:	7 T
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	FLA .
3. If amending the registered agent and/or registered office address on	our records, enter the name of the new regi
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
En	ner Florida street address
	, Florida
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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TANIA VELAZQUEZ	750 EAST 20 ST HIALEAH, FL 33013	= Add
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cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier s filed.	of: (b) The	90th da	y after the
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Signature of a member or authorized representative by a member			