

# L21000160827

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

(((H21000187369 3)))



H210001873693ABC4

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: \_\_\_\_\_

SECRETARY OF STATE  
TAMM HALL, FLORIDA

2021 MAY 10 PM 1:34

FILED

## I.LC AMND/RESTATE/CORRECT OR M/MG RESIGN DELUX HEALTH CARE. LLC

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

MAY 11 2021

M. SOLOMON

RECEIVED

2021 MAY 10 PM 3:30

**Articles of Amendment to LLC Articles of Organization of**Delux Health Care, LLC

The Articles of Organization for this Limited Liability Company were filed on  
4-7-21 and assigned Florida document number  
421000160827.

This amendment is submitted to amend the following:

Change all addresses  
10212 SW 183rd St Miami FL 33157

2021 MAY 10 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

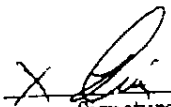
FILED

These articles of amendment were adopted on

5/10/21

Dated

5/10/21

X 

Signature of a member or authorized representative of a member

LUIS SALAZAR

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 obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing