h21000236529

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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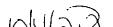
Office Use Only



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COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | | | |
|--|--|---|---|--|--|
| | TURY HEALTHCARE ADVI | SORS, LLC | | | |
| SUBJECT: | Name of Lin | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | | Lais Fernandez Carnet | | | |
| | | Name of Person | | | |
| | 21TH € | Century Healthcare Advisors, LL | <u>.</u> | | |
| | • | Firm/Company | | | |
| | | 10311 SW 54th Street | | | |
| | | Address | | | |
| | | Miami, FL 33165 | | | |
| | | City/State and Zip Code | | | |
| | | fernandezlais@yahoo.com | | | |
| | E-mail address: (| to be used for future annual report no | otification) | | |
| For further information c | oncerning this matter, please c | all: | | | |
| Lais Fernandez Carnet | | 305 753-4217 | | | |
| Name o | f Person | at () Area Code Dayti | me Telephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| ■ \$25,00 Filing Fee | ☐ \$30.00 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 Addres Registration S | Section | Street Address: Registration S | | | |
| Division of C P.O. Box 632 | • | Division of Corporations The Centre of Tallahassee | | | |
| Tallahassee, I | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21ST CENTURY HEALTHCARE ADVISORS, LLC

| (<u>Name of the Limited Li</u> (A Fl | orida Limited l | <u>ny as it now appears on ou</u> Liability Company) | r <u>records.</u>) | |
|--|--|---|--|-----------------------------------|
| The Articles of Organization for this Limited Liabili Florida document number 1.21000236529 | ty Company | were filed on | 21 | and assigned |
| This amendment is submitted to amend the followin | g: | | | |
| A. If amending name, enter the new name of the | limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words | "Limited Liabil | lity Company," the designati | on "LLC" or the abbrev | fiation "L.L.C." |
| Enter new principal offices address, if applicable: | | 10311 SW 54th Street | | |
| (Principal office address MUST BE A STREET AL | | Miami, FL 33165 | | |
| | | | . | |
| Enter new mailing address, if applicable: | | 10311 SW 54th Street | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u>Q</u> | Miami, FL 33165 | | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | | | s, enter the name o | the new registered |
| Name of New Registered Agent. | | | | |
| New Registered Office Address: | 10311 SW 54th Street Enter Florida street address | | | |
| | | r,nier Fioriaa stre | | · |
| <u></u> | liami —————— | City | , Florida <u>33165</u> | Zio Code * |
| New Registered Agent's Signature, if changing Regis | tered Agent: | • | | G) |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char | nd complete ed agent as p stered office | performance of my du provided for in Chapte | aies, and I am fam r 605, F.S. Or, if t | iliar with and his document is |

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> | Type of Action |
|--------------|-----------------------|-----------------------------|----------------|
| MGR | Lais Fernandez Carnet | 10311 SW 54th Street | ■Add |
| | | Miami, FL 33165 | □Remove |
| | | | □ Change |
| MGR | Felix R. Quevedo | 8210 NW 27th Ave. Suite 205 | |
| | | Doral, FL 33122 | =Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
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| ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department. | specific and cannot be prior does not meet the applic | rable statutory fil | more than 90 days after | ional) er filing.) Pursuant to 60 iis date will not be lis |)5,020 sted a |
| cord specifies a delayed effective da s filed. | ite, but not an effective t | ime, at 12:01 a.n | a, on the earlier of: (| b) The 90th day aft | er the |
| ed September, 15 | . 2021 | | L | | |
| | | 7 | τα . | | |