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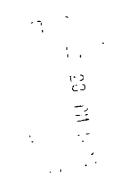
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COVER LETTER

Division of Co			
SUBJECT:	QUINTERO HEal	th Care LLC.	
	Name of Lim	nited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Erik Quinter	20
	Quinters	S Heath Pare Firm/Company	llc
	2928	Nottel Dr	
		Address	' '
	<u></u> S(.	City/State and Zip Code	772
		City/State and Zip Code	
	evilaguinre	103081 (04mail.e.	om
	ti-maii address: (City/State and Zip Code V03081 Q 4 Mail. C. to be used for future annual report notified.	lication)
For further information of	concerning this matter, please co	all:	
Enik	QuinTERO	at (407) 497-	6120
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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)
Molling Adding		C4	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Quintero 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 $\frac{05/28/2021}{1}$ and assigned Florida document number 1.21000250569 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 "LLC." 2928 Nottel Dr. Enter new principal offices address, if applicable: Saint Cloud FL 34772 (Principal office address MUST BE A STREET ADDRESS) 2928 Nottel Dr. Enter new mailing address, if applicable: Saint Cloud FL 34772 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
MGR	Erik Quintero	2928 Nottel Dr	
		Saint Cloud FL 34772	Remove
			□Add
			🗀 Remove
			Change
			□Add
			□Remove
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