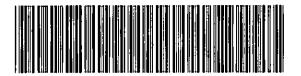
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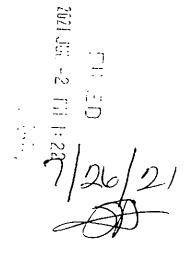
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Coη			
SUBJECT: AF.	HEALTH C.	ANE SERVICE	55 LLC
30BJEC1:	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	ANTADNA	ESTRODA	
	A E HEACTH CARE SERVICES LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filting. all correspondence concerning this matter to the following: ARTICLES ARTICLES ARTICLES Firm/Company 101003W217THST Address CUTLER BAY 33190 City/State and Zip Code achta/Th care 3ervices (@ out/look.com) Information concerning this matter, please call: Area Code Taylor Book Name of Person at (286 406-38 C) Name of Person at (286 C) Total Telephone Number Area Code Certificate of Status Certificate of Status & Certificat Copy (additional copy is enclosed) Area Code Street Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations		
	Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. All ADNA ESTRADA Name of Person AC HEALTH CARE SERVICES Firm/Company 10100 3W 217 TH ST Address CULLER BAY 7/ 33190 City/Stuffu And 7/2p Code achealf heare services (a) out-look. Complete in the intermediation) formation concerning this matter, please call: Area Code Daytime Telephone Number check for the following amount: alling Fee \$\infty\$ \$30.00 Filing Fee & Certificat Copy (additional copy is enclosed) Iting Address: gestration Section Registration Section Division of Corporations Area Code Division of Corporations		
Division of Corporations PRIECT: AE HEALTH CARE SERVICES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed is a check for the following amount: The enclosed is			
	Cutlen	BAY = 3 City/State and Zip Code	3190_
	aehealth car	re services (g) of the be used for future annual report notification	VH/001K. COM
For further information c	oncerning this matter, please cal	11;	
AnlaoNA	(-strasA	71786× 406	-38C/
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ari an
P.O. Box 632	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A E HEACTH CARE SERVICES LLC

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

(A Florida Limited Liability Company)

(711 10/1002)	mined manney company,	
The Articles of Organization for this Limited Liability Co	ompany were filed on Jun	e 22, 202/ and assigned
Florida document number <u>6 21000 289116</u>		
Florida document number 22 27 2 3 7 7 2	 :	
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." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered.		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
• •	ESS)	
17mcqui office data division in the second	the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." cipal offices address, if applicable: address MUST BE A STREET ADDRESS) ing address, if applicable: SEMAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new registered enew registered office address here:	
Paramana Wina addisan if annilashia		
.		
(Mailing address MAY BE A POST OF FICE BOX)		
D. If amonding the registered agent and/or registered	affice address an our recor	ds enter the name of the new registered
agent and/or the new registered office address here:	office address on our recor	us, enter the many of the new real
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	treet address
		, Florida Zip Code
	•	<i></i> 5.20
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago	mplete performance of my c ent as provided for in Chap	duties, and I am familiar with and over 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered	I office address, I hereby co	onfirm 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>	Address	Type of Action
AMBR	ARLADNO ESTRADA	10100 SW 217 TH ST	🛪 Add
		CUTIER BAY, F/ 3319	<u>∂∂</u> □Remove
	4		□Change
MGR		10100 SW 217 TH 37	
		CUTLER BAY F/ 3319	30 XRemove
			□ Change
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			□Change

				
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ective date, if other than the date of filing:		or more than (Y) day	(optional)	ioni to 605 020
effective date, is listed, the date must be specific and cannot be price: If the date inserted in this block does not meet the appl	licable statuto	ry filing requiremen	ts, this date will t	not be listed a
ument's effective date on the Department of State's record	is.			
				o dou ofter th
cord specifies a delayed effective date, but not an effective s filed.	time, at 12:0	I a.m. on the earlier	or: (b) The 90th	reav after the
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ed June 29 , 203	/			
				
	/	entitive of a member	1/X	\sim

Typed or printed name of signee