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Office Use Only



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2024 JUL 23 PH 1:32

Name Chang

AUG 1 3 2024 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Care Healthcare Management L	LC	
DOCUMENT NUMBER:	000290342		
The enclosed Articles of Amendment and	fee are submitted for filing.		
Please return all correspondence concernie	ng this matter to the following:		
	Name of Contact Person	_	
	Firm/ Company		
502	Limewoode Circle #167		
Sef	Address Fner Fl. 33584		
•	City/ State and Zip Code		
Tracy	vlee 123 a gmail-com		
E-mail addres	s: (to be used for future annual report notification)	202! SE	
For further information concerning this m	atter, please call:	2024 JUL 23 그렇음들 등 등	
Tracy Lee	at (347) 512-2031		
Name of Contact Person	Area Code & Daytime Telephone Nur	PH 1: 32	
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:	- ^注 語 32	
S35 Filing Fee S43.75 Filing Certificate o			

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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



June 26, 2024

TRACY LEE 502 LIMEWOODE CIRCLE #167 SEFFNER, FL 33584

SUBJECT: WE CARE HEALTHCARE MANAGEMENT LLC

Ref. Number: L21000290342

We have received your document for WE CARE HEALTHCARE MANAGEMENT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A

JL 23 ZUCA

Letter Number: 824A00014043

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

We Care Health (Name of the Limited Liability)	Company as it now appears on imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21000 240 342</u>	npany were filed on <u>Ob</u>	123/20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite De Care Senior Health The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE)	d Liability Company." the designation	Manage ation "LLC" of the	A N
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NIA	2024 Jul 23
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ds, <u>enter the r</u>	name of the Hew registered
Name of New Registered Agent:		NIA	
New Registered Office Address:	Enter Florida st	reet address	
		, Florida	
	City	, 1 1071 1010	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, 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
			□ Add
			□Remove
			□Change
			□ Add
			Remove
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(If an effective of Note: If the	late is listed, th date inserted	than the date e date must be spe in this block do on the Departm	ecific and cannot ses not meet the	e applicable statu	filing or more than tory filing require	(optional) 00 days after filing.) cinents, this date v	Pursuant to 605.0207 (3 will not be listed as th
the record spectord is filed.	ities a delaye	d effective date,	but not an effe	ective time, at 12	:01 a.m. on the ca	arlier of: (b) The	90th day after the
Dated	July	12th		.024.			
_		Signat	ure of a member	_	esentative of a men	nber	
				- 1			