

h21000310028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

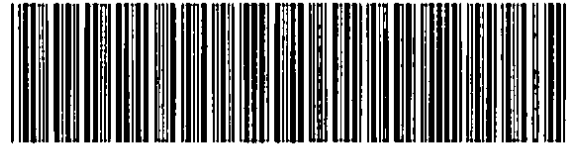
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Division of Corporations
State of New York

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IV CARE SOLUTION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANTIAGO MACHADO

Name of Person

IV CARE SOLUTION LLC

Firm/Company

21422 SW 89 CT

Address

MIAMI, FL 33189

City/State and Zip Code

samachadoc31usa@gmail.com

E-mail address: (to be used for future annual report notification)

22 AUG 17 PM 2:34

Division of Corporations
Tallahassee, FL

For further information concerning this matter, please call:

SANTIAGO MACHADO

786 483 6030

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

IV CARE SOLUTION 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 07/07/2021 and assigned
Florida document number L21000310028.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

21422 SW 89 CT

MIAMI-FL 33189

22 AUG 17 PM 2:34
CLERK OF COUNTY CLERK

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21422 SW 89 CT

MIAMI-FL 33189

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:

SANTIAGO MACHADO

New Registered Office Address:

Enter Florida street address

Florida

City

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.

SANTIAGO MACHADO
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>	<u>Type of Action</u>
MGR	SANTIAGO MACHADO	21422 SW 89 CT, MIAMI, FL 33189	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIEN PEREZ	15679 SW 10TH LANE, MIAMI, FL 33194	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GEOVANI URBINA	1061 WEST 45 PL, HIALEAH, FL 33012	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 AUG 17 PM 2:34
OFFICE OF THE
CLERK OF THE
CITY OF MIAMI

22 AUG 17 PM 2:34

22 AUG 17 PM 2:34

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 15, 2022

Representative of

Signature of a member or authorized representative of a member

SANTIAGO MACHADO

Typed or printed name of signee

Filing Fee: \$25.00