8/19/2021

Givision of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BENY'S NURSING CARE LLC

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From: Yanet Avila

Page: 3 of 5

ARTICLES OF AMENDMENT , " TO ARTICLES OF ORGANIZATION OF

HENY'S NURSING CARE LLC		_
(Name of the Limited Liability Compa (A Florida Limited I	ny ay it now appears on our rec Jubility Company)	eords.
The Articles of Organization for this Limited Liability Company	were filed on 07/19/2021	and assigned
Florida document number L21000326026		
This amendment is submitted to amend the following:		
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 Liabi	hty Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new registered
No. 10 - January Commun. Additionary		
New Registered Office Address:	Enter Florida street izi	Librers
	, Florida	
	Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for m Chapter 60	i, and Lam familiar with and 05, F.S. Or, if this 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

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Title	Name	Address	Type of Action
AMBR	Bernardo Lamere Del Rio	495 WEST 15TH ST	iii a a a a a a a a a a a a a a a a a a
		HIALEAH, FL 33010	☐Remove
			Change
<u></u>			DAdd
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Filing Fee: \$25.00

Typed or printed name of signer

Bernardo Lamere Del Rio