

12/2/21, 9:16 AM

Division of Corporations

**L7100043977614**

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REMOTE CARE PROVIDERS LLC**

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REMOTE CARE PROVIDERS 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 11/10/2021 and assigned  
Florida document number L21000481614.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VIRTUAL MED CARE LLC

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:

416 Clematis Street

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL 33401-5312

Enter new mailing address, if applicable:

9858 Clint Moore Road Ste C111 #164

(Mailing address MAY BE A POST OFFICE BOX)

Boen Raton FL 33496

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:

JONATHAN HENDS

New Registered Office Address:

416 Clematis Street

Enter Florida street address

West Palm Beach

Florida 33401-5312

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.*

If Changing Registered Agent, Signature of New Registered Agent

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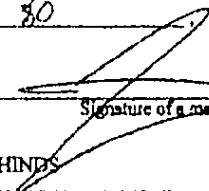


D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(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 655.0207 (3)(c)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 November 30, 2021.

  
Signature of a member or authorized representative of a member

JONATHAN HINDS

Typed or printed name of signer

Filing Fee: \$25.00

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