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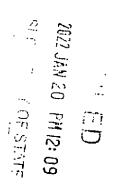
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COVER LETTER

	Registration So Division of Cor				
SUB-LEG		E & HEALTH CONNECTIO	N, LLC		
SUBJECT: Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		JUDITH VELLA			
			Name of Person		
			Firm/Company		
		19217 Cedar Crest Ct #8	E		
			Address		
		No Ft Myers FL 33903			
			City/State and Zip Code		
		jayvee698@yahoo.com			
		E-mail address: (to be used for future annual report	notification)	
For further	r information co	oncerning this matter, please c	atl:		
JUDITH V	VELLA		239 599-4926	1	
	Name of	Person		time Telephone Number	
Enclosed i	s a check for the	e 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

MEDICARE & HEALTH CONNECTION, 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 12/21/2021 Florida document number L21000523141 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FIRST HEALTHCARE DIRECT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 19217 Cedar Crest Ct #8E Enter new principal offices address, if applicable: No Ft Myers, FL 33903 (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 agent and/or the new registered office address here: $\int_{\mathbb{R}^{2}} \widetilde{\mathcal{A}} = \int_{\mathbb{R}^{2}} \widetilde{\mathcal{A}}$ JUDITH VELLA Name of New Registered Agent: 19217 Cedar Crest Ct #8E New Registered Office Address: Enter Florida street address No Ft Myers , Florida ²²⁹⁰³ City

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

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
MGR	JUDITH VELLA	19217 Cedar Crest Ct #8E	≣ Add
	,	No Ft Myers, FL 33903	□Remove
			□Change
AMBR	JUDITH VELLA	19217 Cedar Crest Ct #8E	= Add
		No Ft Myers FL 33903	□Remove
			□ Add
			Remove
			🗀 Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
•			
			□ Remove
			□Change

allow the word "MEDICA	RE" to be in the name of the LLC. I did not know that when I first applied for the				
name and the LLC designa	me and the LLC designation. That is why I need this name change.				
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) block does not meet the applicable statutory filing requirements, this date will not be listed as the				
the record specifies a delayed effectord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the				
Dated January 14	2022				
	Signature of a member or authorized representative of a member				
<i>y</i>	,,				
JUDITH VELLA	Typed or printed name of signee				

Filing Fee: \$25.00