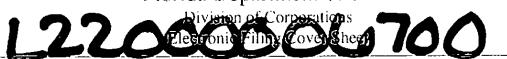
Florida Department of State



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000355479 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter	the	email a	address	for	this	busin	ess	entity	to	be	used	for fu	ture
an	nual	report	mailin	gs.	Enter	only	one	email	add:	res	s ple	ase.**	<i>'</i>

د	Email Address:	EFILE1234@INCFILE.COM	•	8
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	LLC AMND/RE	ESTATE/CORRECT OR M/MG RESIGN		1
		REFORMED ABA LLC		

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help OCT 18 2022 **COVER LETTER**

(((H22000355479 3)))

TO:	Registration So Division of Cor		. •	•			
eun n	CT.	REFOR	MED ABA LLC	•			
SUBJI	ECT:	Name of Lim	ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		LOVETTE DOBSON					
			Name of Person				
			Firm/Company				
		17350 STATE HWY 249 5					
		Address HOUSTON, TX 77064					
		City/State and Zip Code					
		EFILE1234@INCFILE.CO	M				
		F-mail address: (to be used for future annual r	eport notification)			
For fur	ther information c	oncerning this matter, please co	elf:				
LOVE	TTE DOBSON		at ()	888-462-3453			
	Name o	d Person	Area Code	Daytime Telephone Number			
Enclos	ed is a check for t	he following amount:					
≅ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &			
	Mailing Addres		Street Ad				
	Registration : Division of C			tion Section of Corporations			
	P.O. Box 632	•		tre of Tallahassee			
	Tallahassaa			Monroe Street Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000355479 3)))

REFORMED AT				_	
(Nume of the Limited Liability Compan (A Florida Limited Lia	y as it now appears of ability Company)	n our records.)		_	
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on	12/29/2021	and	assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity company here	:			
INCLUSIVE INFORMED CARE LLC					
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desig	gnation "LLC" or the a	bbreviation	"L L.C.	41
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 BOX)		<u></u> -			
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent:	idress on our reco	(ne of the	new re 2022 OC	gistered
Name Day days and Office Addresses			£.,		7
New Registered Office Address:	Enter Florida	street address		AHI	Ċ
		, Florida	<u> </u>		***
New Registered Agent's Signature, if changing Registered Agent:	Cuy		ap Co	de 0	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my ovided for in Cha	eduties, and Lam upter 605, F.S. Or	familiar , if this d	with a ocume	nd

If Changing Registered Agent, Signature of New Registered Agent

Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000355479 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Remove
			□Change
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			Change
		<u> </u>	□ Add
		<u> </u>	□Remove
			□Change

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Effective date, if other than the default of the date is tisted, the date must be Note: If the date inserted in this block document's effective date on the Dep	se specific and cannot be prior to k does not meet the applica	to date of filing or more the date of filing received and the statutory filling received.	(optional) han 90 days after filing.) Pur quirements, this date will	stant to 605.0207 t not be listed as t
record specifies a delayed effective d is filed.	date, but not an effective tit	ne, at 12:01 a.m. on tl	ne earlier of: (b) The 90	th day after the
OCTOBER17th	. 2022	·		
	Letisia 2	o linnancas		
	ignature of a member or autho	rized representative of a	member	