11/6/24, 3:52 PM

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CANALES & ASSOCIATES ACCOUNTING INC

Account Number : I20210000091 Phone : (305)821-1076

Fax Number : (305)821-1079

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AHAVAH HEALTHCARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALY

NOV - 8 2024

COVER LETTER

TO: Registration S Division of Co				
AHAVAH	HEALTHCARE, LLC*****			
SUBJECT:	Name of Lin	nited Liability Company	-	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	dunia hernandez			
		Name of Person		
	AHAVAH HEALTHCAR	E, LLC*****		
		Firm/Company		
	1275 WEST 35 ST # 59B			
		Address		
	HIALEAH, FL. 33012			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
DUNIA HERNANDEZ		at (786) lob3.	5229	
Name o	f Person		e Telephone Number	
Enclosed is a check for t	ne 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		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	.7	The Centre of 7		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

AHAVAH HEALTHCARE, LLC			SEE. FLORID,
(Name of the Limit	ed Liability Com (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number L22000040668	iability Compan	y were filed on 01/20/2022	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liab	nility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	<u>N/A</u>	
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE I	ROX)		
2111000011000	<u> </u>		
 If amending the registered agent and/or regent and/or the new registered office addres. 	egistered office s here:	address on our records, enter the	name of the new registere
	<u>o nore</u> .		
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	14
		Florid	a

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.

City

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
AMBR	EMERITA CORRALES	1275 WEST 35 ST APT 59-B	≣ Add
		HIALEAH, FL. 33012	□Remove
			Change The Add
			Remove
			□Add
			Remove
			Change
			□Add
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		10/20/2024			
tive date, if other tha fective date is listed, the de	n the date of filing: te must be specific and c		late of filing or mor	e than 90 days after	ional) er filing) Pussiant to 60
If the date inserted in	his block does not me	et the applicable	statutory filing	requirements, th	is date will not be lis
nent's effective date on	the Department of Sta	ite's records.			
rd specifies a delayed et led.	fective date, but not a	n effective time,	at 12:01 a.m. on	the earlier of: (b) The 90th day afte
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11/06		2024			•
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	<u>ھ</u> ے				
مكمك ايا ال	Signature of a me	mber or authorize	ed representative of	f a member	
- fotoff	O CONTROL OF G INC	MEDI OI GGGIOIM	a representant of	i i incinoci	
1044					
DUNIA HERNAN					

Filing Fee: \$25.00