# L 2200001505

	(Requestor's Name)	
	(Address)	
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PICK-UP	WAIT	MAIL
<del></del>	(Business Entity Name)	
	(Document Number)	
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2022 OCT 14 AM 9: 27 2022 CT 14 AH 9: SECRETARY OF SEC.

RECEIVED

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Rare care solutions medical group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	1	<u>ana Guzman</u>	
		Name of Person	
	Rare Care Solutions me	dical group llc	
		Firm/Company	
	808 Cherry st		
		Address	
	New Smyrna Beach, Flo	orida 32168	
		City/State and Zip Code	
	Rcsmedicalgroup@gmail		
	E-mail address: (	to be used for future annual repo	1 notification)
For further information c	oncerning this matter, please c	all:	
Tiana Guzman		386 281-94	73
Name o	f Person		aytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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

711 ED 2022 OCT 14 AH 9: 28

SECRETARY OF SEA ALLAHASSEE, FLO

Rare care solutions medical group IIc

(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 Lia		on <u>02/04/2022</u>	and assigned
Florida document number L22000061505	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
Willing Working Women Home Care LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liability Compan	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address or	n our records, <u>enter the na</u>	
Name of New Registered Agent:	Chanda Wadley		
New Registered Office Address:		nter Florida street address	
		, Florida _	
	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

If amending Authorized Person(s) authorized to marage, 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
CEO	Chanda Wadley	808 Cherry st New Smyrna Beach FL 32168	•Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than the date of filing:								
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