5/27/22, 1:06 PM

Division of Corporations

13053284774



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.

(((H22000188038 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994 : (305)328-4774 Fax Number

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAX CARE SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



From: Yanet Avila

To:

2022-05-27 17:22.01 GMT

(Name of the Lim	ted Liability Compa (A Florida Limited)	any us it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited I	iability Company	were filed on	and assigned
lorida document numberL22000104548	,		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name		sility company here:	
. If athending hame, enter the new hame t	n the minute han	mity company nere.	
ne new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		14707 S. DIXIE HWY STE 203	
		MIAMI, FL 33176	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		14707 S. DIXIE HWY STE 203	
		MIAMI, FL. 33176	
. If amending the registered agent and/or	registered office	address on our records, enter the na	ame of the new registe
gent and/or the new registered office addr	ess here:		YAH Y
Name of New Registered Agent:	CHANGE OF	ADDRESS	72 7
New Registered Office Address:	14707 S. DIXI	IE HWY STE 203	
New Registered Office Address.		Enter Florida street address	- <u>\</u>
	MIAMI	Florida	33176 ² ု ယ

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

13053284774

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	CHANGE	14707 S. DIXIE HWY STE 203	□ Add
		MIAMI, FL 33176	□ Remove
			= Change
			□ Change
		∐Add	
		□Remove	
			□Change
			□Add
		□Remove	
		□Add	
			□Remove
			□Change
			□Add
			□Remove

From: Yanet Avile

4 Page: 5 of 5

_	
_	
-	
_	
ote: If	the date, if other than the date of filing:
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
ated	
cu	
	Empanier (Knes (May 27, 2027 (Zw) FDF)
	Signature of a member or authorized representative of a member