(((H25000026172 3)))



H250000261723ABCZ

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20008000019 Phone : (305)552-5973 Fax Number

: (305)675-5944

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 PROFESSIONAL CARE CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 27 2025 T. LEMIEUX (1)

Articles of Amendment to LLC Articles of Organization of

PROFESSIONAL CARE CENTER LLC	
The Articles of Organization for this Limited Liability Company were f 03/16/2022 and assigned Florida document numb L22000132056	iled on er
This amendment is submitted to amend the following:	
hemosed: Faustino dopez	
1355 W 44 PL Apt 342	
History Fl. 33014	
and the second s	
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	
	C. C.
	٠
se articles of amendment were adopted on 1/22/2025	
se articles of amendment were adopted on 1/22/2025	
Hay aided	Ξ:
signature of a step ber planthorized representative of a member Haylet Hervander Acosto	=======================================
signature of a member of authorized representative of a member Mayer Fernander Acorb Typed or printed name of signee	Ξ:
Signature of a step ber plauthorized representative of a member Hayed Fell name of signee Registered Agent's Signature, if changing Registered Agent: by accept the appointment as remotered agent.	Fi. 1: 85
Signature of a step for an authorized representative of a member Mayer Herwarder Acata Typed or printed name of signee Registered Agent's Signature of changing Registered	Fi. 1: 85

Scarmed with