Division of Commrations



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Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROFESSIONAL CARE CENTER LLC

Certificate of Status	0
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To: Page: 3 of 5 2025-08-21 18:02:08 GMT 13053284774 From: Yanet Avila

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PROFESSIONAL CARE CENTER LLC		
(Name of the Limited Liability Compan (A Fiorida Limited L	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company v. Florida document number L22000132056	were filed on 03/16/2022 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	pility company here:	
The new name must be distinguishable and contain the words "Limited Liability	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)		
	N	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	address on our records, enter the name of the new regis	stered
agent and/or the new registered office address here:	$\dot{\dot{\epsilon}}$	
Name of New Registered Agent:		
New Registered Office Address:	<b></b>	
	Enter Florida street address	<del></del>
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
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.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document	!
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  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 as	Enter Florida street address  Florida  City  Zip Code  There to act in this capacity. I further agree to camply with and provided for in Chapter 605, F.S. Or. if this document	

If Changing Registered Agent, Signature of New Registered Agent

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

From: Yanet Avila

MGR = Manager AMBR = Authorized Member

To:

Title	Name	Address	Type of Action
MGR	ROLANDO DIAZ ROQUE	9300 NW 25 ST SUITE 210	BAdd
		MIAMI, FL 33172	□Remove
			□Change
			DAdd
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			Change
	<u></u>	<del></del>	, □Add
			□Remove
			□ Change
		<del></del>	□Add
			Remove
			GChaus.

2025

weet मिन्नकार स्टब्स्य का का अन्य मान्य कर्मा Signature of a member or authorized representative of a member

Typed or printed name of signee

2025-08-21 18:02:08 GMT

13053284774

From: Yanet Avila

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record is filed.

Dated \_\_\_AUGUST 21

MAYKEL HERNANDEZ ACOSTA

To: