

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : RUBEN TORO PA  
Account Number : I20220000108  
Phone : (407)370-6445  
Fax Number : (407)352-0558

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

Email Address: RUBENDTOROCPA@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONCEQUOCARE LLC

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Corporate Filing Menu

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T. LEMIEUX

JAN 18 2023

# COVER LETTER

4230000193253

TO: Registration Section  
Division of Corporations

SUBJECT: CONCEQUOCARE 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:

RUBEN TORO

Name of Person

RUBEN TORO P.A.

Firm/Company

7901 KINGSPONTE PKWY STE 31

Address

ORLANDO , FLORIDA 32819

City/State and Zip Code

rubendtorocpa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN TORO

Name of Person

at ( 407 ) 370-6445

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

4230000193253

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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CONSEQUOCARE LLC

(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 Liability Company were filed on 05/03/2022 and assigned  
Florida document number L22000184185.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

CONSEQUOCARE LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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