L2200025377

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COVER LETTER

Name of Limited Liability Company	
Name of Limited Liability Company	
nd fee(s) are submitted for filing.	
ning this matter to the following:	
Name of Person	
Garcia	2024 JAH SECRETA
Firm/Company	H 22
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City/State and Zip Code	
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matter, please call:	
786-519-8881	
Area Code Daytime Teleph	ione Number
count:	
	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Stree	ssee
i	Address Triva st Sebring FL 33870 City/State and Zip Code icloud.com E-mail address: (to be used for future annual report notification) matter, please call: at (

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it	now annears on our records)
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were for a document number L22000253777	iled on 06/02/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
Versacare Solution LLC	2027 3 E
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	122
Principal office address MUST BE A STREET ADDRESS)	
	700 P
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	
registered Office Address.	Enter Florida street address
	Florida
- Cu	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 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
President	Alejandro Garcia	4601 Minerva st Sebring FL	= Add
			□Remove
			□Change
Vice Pres	Jorge L Garcia	4601 Minerva st Sebring FL	= Add
			7023 □Remove
			20 Change
			☐ PAdd ☐
			□Change
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an effective date is listed, the date mus	ock does not meet the applicabl	date of filing or more than 90 day le statutory filing requiremen	ys after filing.) Pursuant to 605,0207 its, this date will not be listed as
tote: If the date inserted in this bi	epartment of State's records.		
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tote: If the date inserted in this bi	e date, but not an effective time	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
ocument's effective date on the D record specifies a delayed effective distributed.	e date, but not an effective time	e, at $12:01$ a.m. on the earlier	of: (b) The 90th day after the
ocument's effective date on the D			of: (b) The 90th day after the
ocument's effective date on the D record specifies a delayed effective is filed.	··	<i>i</i>	of: (b) The 90th day after the
ocument's effective date on the D record specifies a delayed effective distribution of the delayed effective			of: (b) The 90th day after the