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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARTURO YERO P.A. Account Number : I20150000125 Phone : (305)444-0884 Fax Number : (305)444-0786

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

Email Address: arturoyero@ayerolaw.com

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

## MARIO'S HEALTH CARE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

(Name of the Limited Liability (A Florida	y Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/20/2022	and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	"LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		五 五 丁
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	
Enter new mailing address, if applicable:		SEE. 7. 5
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, <u>e</u>	nter the name of the new register
ngent and/or the new registered office address here:		
Name of New Registered Agent:		
ogent and/or the new registered office address here:	Enter Florida strect a	ddress
agent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida strect a	address Florida

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	YESENNIA NUNEZ ARIAS	7901 4th Street N. Suite 300	⊠ Add
		St. Petersburg, FI 33702	□Remove
			□ Change
			□Add
		□Remove	
		□Change	
		□ Add	
			□ Remove
		Change	
		<del></del>	
			□ Remove
			□Change
			□Add
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		<del></del>	<u>.</u> 0
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			□ Remove

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Note: 1	re date, if other than the date of filing:
he record ord is file	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 d.
Dated _	March 11 . 2024

Typed or printed name of signee