(((H23000012385 3)))

(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

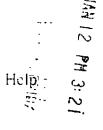
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DDR HEALTH SERVICES & INFUSIONS LLC

Certificate of Status	0
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Page Count	05
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#### **COVER LETTER**

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TO: Registration Se Division of Cor				
	LTH SERVICES & INFUSIO	NS LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249,	#220		
		Address		
	HOUSTON, TX, 77064			
	EFILE1234@INCFILE.CO	City/State and Zip Code PM	<del></del>	
For further information c	E-mail address (oncerning this matter, please c	no be used for future annual report notifi all:	cation)	
LOVETTE DOBSON		8884623453		
Name o	t Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$00.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy (certified)	
Mailing Addres	: <u>s:</u>	Street Address:		
Registration S	Section	Registration Sec		
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta		
Tallahassee, l		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ((( ) ) ) TO ARTICLES OF ORGANIZATION

## (((H23000012385 <sup>Page: 3/5</sup>

# ARTICLES OF ORGANIZATION OF DDR HEALTH SERVICES & INFUSIONS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

lorida document number L22000286912	were filed on 06/24/2022	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limaed Liabi		
nter new principal offices address, if applicable:	1150 Nw 72nd Ave Tower I Ste 455 #87	54
Principal office address MUST BE A STREET ADDRESS)	Miami, Fl. 33126	
nter new mailing address, if applicable:	<del> </del>	
Mailing address MAY BE A POST OFFICE BON)		
gent and/or the new registered office address here:		
Name of New Registered Agent:	<b>\( \frac{1}{2} \)</b>	2023 JAN
Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street address	J/18 1
	Emer Florida street address	J#N 12
New Registered Office Address:	Enter Florida street address	J/18 1
	Emer Florida street address	J/18 1
New Registered Office Address:  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agricovisions of all statutes relative to the proper and complete eccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	Emer Florida street address	P Zip Code  See to comply with and if this document is
New Registered Office Address:  ew Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent and agravovisions of all statutes relative to the proper and complete except the obligations of my position as registered agent as p	Emer Florida street address	P Zip Code  See to comply with and if this document is

1/11/2023 22:47:39 CST Page: 4/5

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 (((H23000012385 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Dewval Ranson	1150 Nw 72nd Ave Tower I Ste 455 #8754	□Add
		Miami, FL 33126	□Remove
			\@Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			FiChange
			FlAdd
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			□Change

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Hective date, if other than t	ho data of filing:		(option	al)
I'm effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be p block does not meet the app	plicable statutory fil	more than 90 days after fil	ing TPorsuant to 605,0207
record specifies a delayed effect d is filed.	tive date, but not an effectiv	re time, at 12:01 a.m	e, on the earlier of: (b)	The 90th day after the
Dated	2023	·		
	Dewvol Signature of a member or a	Ranson	ve of a member	<del></del>
	Signature of a member of a	acoming representati	. e c i n menurei	