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(Re	questor's Name)	
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COVER LETTER

	tegistration Sec division of Corp			
CHD IF (*)	Miracles &	Victorious HealthCare Support	Solutions, LLC	
SOBJECT	·	Name of Limi	ted Liability Company	
The enclos	sed Articles of a	Amendment and fec(s) are subr	nitted for filing.	
Please reti	um all correspo	ndence concerning this matter t	to the following:	
		Verdie M. Williams		
			Name of Person	
		JMC Multi Services, LLC		
			Firm/Company	
		2893 West Sunrise Bouleva	ard	
			Address	
		Fort Lauderdale, FL 33311		
			City/State and Zip Code	
		jmcelsvs@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further	er information c	oncerning this matter, please ca	ail:	
Verdic M	I. Williams		954 791-1701at ()	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of C P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassec oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miracles & Victorious HealthCare Support Solutions,	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000294281	were filed on June, 29, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
M&V Healthcare Solutions, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	O" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SEC 70
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	RETARY OF STATE or 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 addre	255
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, a provided for in Chapter 605,	and I am familiar with and , F.S. Or, if this document is

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
			□Add
			□Remove
			□Change
			Remove
			Change
			□Add
			Remove
			Change
			□Remove
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Effectiv	e date, if other than the date of filing:		
CT CT-	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) It is classe inserted in this block does not meet the applicable statutory filing requirements, this date w	ursuant to ill not be	605.0207 (3 Listed as th
docume	nt's effective date on the Department of State's records.		
	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
the record cord is file		,	
	07/07/1000		
Dated _	07/05/2022		
	Value Freeman-Clark Signature of a member or authorized representative of a member		_
	Signature of a member of authorized representative of a member		
	Valerie Freeman-Clark		
	Typed or printed name of signee		

Filing Fee: \$25.00