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SECRETAIN OF STATE
TALLAHASSEE

COVER LETTER

TO:

	ration Secti on of Corpo			
Na Subject.	omi Health	and Management Services.	LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	rticles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all	correspond	ence concerning this matter	to the following:	
		Ruth Ames		
			Name of Person	_
		Naomi Health and Manage	ment Services, LLC	
			Firm/Company	
		5433 Higgins Way		
			Address	
		Orlando, FL 32808		
			City/State and Zip Code	
		nhandmservices @gmail.com	m to be used for future annual report noti	fication)
For further info	rmation con	cerning this matter, please ca	-	
Ruth Ames			321 460-2115 at ()	
	Name of P	erson	Area Code Daytim	e Telephone Number
Enclosed is a ch	eck for the	following amount:		
■ \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	g Address: tration Section of Cor Box 6327 nassec, FL	porations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naomi Health and Management Services, LLC	C			
(Name of the Limited Liability (A Florida	y Company as it n Limited Liability (tow appears on ou Company)	r records.)	
The Articles of Organization for this Limited Liability Co. Florida document number 1.22000301487	ompany were fil 	led on <u>07/06/202</u>	2	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability cor	npany here:		
The new name must be distinguishable and contain the words "Limit	ited Liability Comp	pany," the designati	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address	on our records	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.		Enter Florida stre	et address	
			, Floriđa	
	City	•		Zip Code
New Registered Agent's Signature, if changing Registered	i Agent:			
Thereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete perfori gent as provide	nance of my di d for in Chapte	ities, and I am fa er 605, F.S. Or, ij	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	I vpe of Action
President	Ruth Ames	5433 Higgins Way, Orlando, FL32808	■ Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			SECRI SI
			SEP & Allow RETHAN OF
			SSE Remove C
			STATE Change
-			□ Add
			□Remove
			□Change
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			Change

				
				
				
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Effective data if ather than the	into of filings		(optio	.nal)
Effective date, if other than the date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	ck does not meet the ap	plicable statutory	or more than 90 days after	filing.) Pursuant to 605.0207 (
e record specifies a delayed effective rd is filed.	date, but not an effective	ve time, at 12:01 a	i.m. on the earlier of: (b)	The 90th day after the
09/20 Dated	2022			
	<u></u>			
	Thes Signature of a member or a	utharized represent	ative of a member	
• •	Against of a member of a	autorizea represen	asi-s or a menuel	