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**Ente	er the email add	ress for this business entity to be used for future.	_	
		ress for this business entity to be used for future	1	
	Fax Number	: (305)675-5944	-,	
	Phone	: (305)552-5973		
		: 120000000019		
		: LAZARUS CORPORATE FILING SERVICE, INC.		
From:				
	Fax Number	: (850)617-6383		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIFE MEDCARE LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFE MEDCARE LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
he Articles of Organization for this Limited Liability Company were filed lorida document number L22000370851	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
he new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MIIST RE A STREET ADDRESS.	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BON	
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 -	-7,
. If amending the registered agent and/or registered office address on e	our records, enter the name of the new registe
ent and/or the new registered office address here:	:
N	≱ + 15
Name of New Registered Agent:	-
New Registered Office Address	N)
Ente	r Florida street address
	Florida
Ciņ.	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

Title	Name	Address	Type of Action
AMBR	ORELVYS MADRUGA	6962 SW 148 AVE MHAMI FL 33193	
			🖸 Remove
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. If amending any other inf	ormation, enter (change(s) here: (Attach additional sh	eets, if necassary.)	
					
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Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in document's effective date on	this block does not	nd carnot be prior to b meet the applicable	ate of himy or more that	(optional) 193 days after filing.) Pur rements, this date will	suant to 605,0207 ( not be listed as th
the record specifies a delayed e cord is filed.	Tective date, but no	ot an effective time	, at 12:01 e.m. on the	carlier of: (b) The 90	th day after the
Dated OCTOBER 13		2023			
	Signature of	a membry or authorize	ed representative of a in	ember	
	~	ENNY ALVAREZ			
		Typed or printed r			