L22000483131

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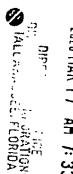
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OBVINCE OF THE FORM

COVER LETTER

TO:	Registration S Division of Co		,	
SUBJE		M SELECT CARE, LLC		
SUBJE	C1	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Nadine Geraldi		
			Name of Person	
		Boca Home Care		
			Firm/Company	
		23123 FL-7 Suite 240		
			Address	
		Boca Raton, FL 33428		
			City/State and Zip Code	
		Nadine@Bocahomecare.co		
		E-mail address: (to be used for future annual report not	fication)
For furt	her information (concerning this matter, please c	alt:	
Nadine	Geraldi		561 771-0050	
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for t	he following amount:		
≡ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Cor	
	P.O. Box 632		The Centre of T	
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PLATINUM SELECT CARE, LLC

2023 MAR 17 AM 10: 15

(Name of the Limited Liabi (A Flori	ility Company ida Limited Lia	as it now appears on o	ur records)([7]	ARY OF STATE
The Articles of Organization for this Limited Liability	Company w	ere filed on 11/14/20		and assigned
Florida document number L22000483131	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liabilit	ty company here:		
The new name must be distinguishable and contain the words "Li	imited Liability	Company," the designat	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	-			
(Principal office address MUST BE A STREET ADD	ORESS)			
	-			
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE BOX)	-	 		
	-			
B. If amending the registered agent and/or register agent and/or the new registered office address here:		dress on our record	s, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
	<u>.</u>	Enter Florida str	eet address	
	. <u></u>		, Florida	_
		City		Zip Code
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete pe agent as pro red office ac	erformance of my di ovided for in Chapt	uties, and I am j er 605, F.S. Or,	familiar with and if this document is
	If Changi	ng Registered Agent, <u>Si</u>	gnature of New Re	gistered 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>	<u>Address</u>	Type of Action
P	Lisa Bensmihen	665 SE 21st Ave	= Add
		Deerfield Beach, FL 33441	Remove
			□Change
AMBR	PSC Select Holdings, LLC	1000 NW 9TH Court, Suite 203B	□Add
		Boca Raton, FL 33486	≣Remove
			☐ Change
			🗆 Add
			Change
			□ Add
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If an ef Note:	tive date, if other flective date is listed, t If the date inserted ment's effective date	the date must be spe d in this block do	eific and co	annot be prior et the applic	r to date of fi cable statute	ling or more th	op (op on 90 days a uirements, t	tional) der filing.) I his date w	Pursuant to Fill not be l	605.0207 listed as
e recoi rd is ti	ord specifies a delaye iled.	rd effective date.	but not ar	n effective t	ime, at 12:t)1 a.m. on th	e earlier of:	(b) The	90th day a	fter the
Dated	MM	arch 9	· •	2023	<u></u> ,					
-		/ 112/ -					4			
		Signatu	re of a me	mber or author	orized repres	entative of a r	nember			

Filing Fee: \$25.00