## L22000519795

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: ESCO	BAR HEALT	TH SERVIC	ES LLC	-
	Name of Limited I	Liability Company		<del>.</del>
The enclosed Articles of Amendme	nt and fee(s) are submitte	ed for filing.		
Please return all correspondence co	ncerning this matter to th	e following:		
	ILIONIS	ESCOBAR Name of Person	ROJAS	
		Name of Person	•	
	<del></del>	Firm/Company		
350	6 TOOPICANA	Address		
CA	PE CORAL, FL	ORIDA 33°	193	
	Company of the same	systate and Zip Code		
( troni	SescoScv 78@ E-mail address: (10 be	used for future annual rep	port notification)	
For further information concerning	this matter, please call:			
Ilionis Esco Sal	Rujas	_at ( 239 ) 2:	24-22+2	
Name of Person	U	Area Code	Daytime Telephone	Number
Enclosed is a check for the following	ig amount:			
<b>X</b> \$25.00 Filing Fee ☐ \$30.	00 Filing Fee & Ertificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address: Registration Section Division of Corporation	ons		<u>ress:</u> on Section of Corporations	
			re of Tallahasse	e

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ESCOBAR HEALTH SERVICES LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	_		
The Articles of Organization for this Limited Liability Company were filed on $\frac{12/12/2022}{}$ and	assigned		
Florida document number 422000 519795.			
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	"L.L.C."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Muning dualess MAT BL A TOST OF FEE BON			
<del></del>	1.000		
B. If amending the registered agent and/or registered office address on our records, enter the name of the	new regist		
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address	Enter Florida street address		
. Florida	, Florida		
City Zip Co	de		
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 co	mply with		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ilionis Escobar Pojus	2506 Tropicana Pany W. Cape Coral, Florida. 33993	<b>X</b> Add
	V	Coral, Florida. 33993	□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
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			□ Change
<u></u>			🗆 Add
		<del></del>	□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 01/01/2023 \_ (optional) E. Effective date, if other than the date of filing: \_\_\_ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member Ilionis Escobar Wijas
Typed or printed name of signee