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COVER LETTER

TO: Registration Section Division of Corporations

ICARE HOLDING GROUP LLC SUBJECT:

Name of Limited Liability Company

The cuclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA TORRES

Name of Person

TAX CARE CELEBRATION

Firm Company

1400 NW 107TH AVE STE 203

Address

SWEETWATER FLORIDA 33172

City/State and Zip Code

JESSICA.TORRES@TAXCAREINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA TORRES 786 845-8854 at (_____) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

🛢 \$25.00 Filing 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tałlahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 2023 FEB -6 PH 1:25

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICARE HOLDING GROUP 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 01/19/2023	_ and assignc
Florida document number L23000021789	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LITWIN USA LLC

The new name must be distinguishable and contain the words "I imited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)		23
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		<u> </u>
Enter new mailing address, if applicable:	·	-0
ailing address MAY BE A POST OFFICE BOX		
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registe</u> <u>agent and/or the new registered office address here</u>:

	, FI	orida
New Registered Office Address:	Enter Florida street addres	xs
Name of New Registered Agent:		

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bei or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

EBRUARY 6	
	Gabriel Hatem Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a memoer
GABRIEL HATEN	.1
	Typed or printed name of signee

Filing Fee: \$25.00