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COVER LETTER

TO:

A.I. 1816		Endocrine Plus LLC				
SUBJEC	J1: .		Name of Limited Liability Company			
The encl	osed	Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspo	ndence concerning this matter	to the following:		
			Berenice Ortegon Zambrar	10		
The enclosed Articles of Amendment Please return all correspondence con Bereni 4013 Cocon piliorza For further information concerning Berenice Ortegon Zambrano Name of Person Enclosed is a check for the followin \$25.00 Filing Fee \$30.		Name of Person				
				Firm/Company		
			4013 NW 62nd Ct			
				Address		
			Coconut Creek, FL 33073			
			•	City/State and Zip Code		
			piliorza@yahoo.com			
				to be used for future annual report notification)		
For furth	ier in	formation co	oncerning this matter, please co	ili:		
Berenico	e Ort	egon Zambr	ano	903 216-4599 at()		
		Name of	Person	Area Code Daytime Telephone Number		
Enclosed	d is a	check for th	e following amount:			
□ \$25.	.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Reg Div P.O	istration S ision of C . Box 632	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Endocrine Plus LLC			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)
ne Articles of Organization for this Limited Lia orida document number L23000047740	ability Company	were filed on January 25, 202	23 and assigned
nis amendment is submitted to amend the follo			
. If amending name, enter the new name of	the limited liab	ility company here:	
e new name must be distinguishable and contain the we	ords "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ıble:	4013 NW 62nd Ct	
Principal office address MUST BE A STREET		Coconut Creek, FL 33073	
nter new mailing address, if applicable:		4013 NW 62nd Ct	
1ailing address MAY BE A POST OFFICE I	3 <i>Ολ</i>)	Coconut Creek, FL 33073	٦
			
. If amending the registered agent and/or regent and/or the new registered office address	s here:		er the name of the new registor
Name of New Registered Agent:	Berenice ortege	on Zambrano	
New Registered Office Address:	4013 NW 62nd		
		ress	
	Coconut Creek	,1	Florida 33073
		City	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

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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(If an effective date Note: If the dat	if other than the date is listed, the date must be se inserted in this block of ctive date on the Depart	pecific and cannot be lous not meet the ap	prior to date of filing c oplicable statutory f	(opt or more than 90 days afte iling requirements, th	ional) er filing.) Pursuant to 6 sis date will not be l	505.0207 isted as
he record specifie ord is filed.	s a delayed effective dat	e, but not an effecti	ve time, at 12:01 a.	m, on the earlier of: (b) The 90th day a	fter the
Dated		. 2023	74			
	Sign	ature of a member dr	authorized representa	tive of a member		
	nice Ortegon Zambrano		.5			

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Filing Fee: \$25.00