# L23000110639

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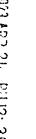
Office Use Only



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# **COVER LETTER**

Division of Cor	porations				
SUBJECT: KX	ESS MEdical Name of Lim	CARE L.L.C.			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	_	. 1			
	RENITA Sin	rith		•	
		Name of Person			
	<u> </u>	Firm/Company	<del>"-</del>		
	5531 Chathai	M WOODS CRt.			
		Address			
	ORLANDO, 7	City/State and Zip Code  97041   COM to be used for future annual report notifi			
	- 11 -11 -	City/State and Zip Code			
	YEXITA 9 SMITH &	19M41   COM	cation	, 1.5	
				923	
For further information co	oncerning this matter, please ca	All:		APR	1
KENIHA Snu	+1	all:  at (407 ) 300-7  Area Code Daytime	684	2023 APR 24	
Name of	f Person	Area Code Daytime	Telephone Number	PHI2: 39	- 13 - 13
				2: ( STA	Q.
Enclosed is a check for th	ne following amount:			39 ∃E	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited Liability Comp (A Florida Limited	ARE L. L. C.  Bany as it now appears on our records.)  Hiability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000110639</u> .	y were filed on MAR. 2, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	oility Company," the designation "L.L.C."  A
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A PINE 39
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  DRIANGE	A G. Srith Chatham Woods Cat. Enter Florida street address  Florida 32808

## 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.

City

Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
<u>AMBR</u>	RENITA Smith	5531 Chatham Woods CRT.	Mdd
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			□Change
-			□Add
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			□Add 2023 AlaRemove
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Effective date, if other than the date of filing: MARCh 10, 2023 (optional)  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 603 0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Dated April 18 2003  Signature of a member or authorized representative of a member 20 me		<del> </del>							
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