

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L23000129043

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UPTOWN CARE LLC

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

K. SALY
 AUG - 3 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2023 AUG -2 PM 9:30 ALLAHACSS LLC OF FLA.

UPTOWN CARE 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 03/13/2023 and assigned Florida document number L23000129043

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:

633 NE 167 ST

(Principal office address MUST BE A STREET ADDRESS)

STE: 612

MIAMI, FL 33162

Enter new mailing address, if applicable:

633 NE 167 ST

(Mailing address MAY BE A POST OFFICE BOX)

STE: 612

MIAMI, FL 33162

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CHANGE OF ADDRESS

New Registered Office Address:

633 NE 167 ST STE: 612

Enter Florida street address

MIAMI

City

Florida

33162

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alberto L. Hernandez Gonzalez	633 NE 167 ST	<input type="checkbox"/> Add
		STE: 612	<input type="checkbox"/> Remove
		MIAMI, FL 33162	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

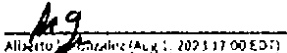
2023 AUG -2 PM 9:31
 ALBERTO L. GONZALEZ
 ALBERTO L. GONZALEZ

FILED

E. Effective date, if other than the date of filing: _____ (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 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.

Dated 8/1 _____, 2023


 Alberto L. Hernandez Gonzalez / Aug 1, 2023 17:00 EDT
 Signature of a member or authorized representative of a member

Alberto L. Hernandez Gonzalez

 Typed or printed name of signee