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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SHD IECT.	ELY HEALTHCAF	RE SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
	dence concerning this matter		
	JUD	TH ORCEL	
		Name of Person	<del>_</del>
	ELY HEALT	HCARE SERVICES LLC	
		Firm/Company	
	840	03 PINES BLVD#1354	79
		Address	
	PE	MBROKE PINES, FL 33024	2923 APR 26 PH 12: 25
		City/State and Zip Code	
		NGREGISTRY@GMAIL.COM	2 : S : 1
	E-mail address: (	to be used for future annual report notification)	
For further information co	ncerning this matter, please c	all:	tid QI
JUDITH ORCEI	_	954 687-7516 at ( )	
Name of	Person	Area Code Daytime Telephon	e Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration Section	
Division of Corporations		Division of Corporation The Centre of Tallahass	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street,	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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<b>bility company her</b> bility Company," the des	e: signation "LLC" or the at	
oility Company," the des	signation "LLC" or the at	obreviation "L.L.C."
ELY HEALTHCARE SERVICES LLC  (Name of the Limited Liability Company as it now appears on our records.)  (Afforda Limited Liability Company)  es of Organization for this Limited Liability Company were filed on		
oility Company," the des	signation "LLC" or the at	obreviation "L.L.C."
	re filed on and assigned  company here:  Company," the designation "LLC" or the abbreviation "L.L.C."  SAME AS IS ON RECORD  Company," the designation "LLC" or the abbreviation "L.L.C."  SAME AS IS ON RECORD  Company," the designation "LLC" or the abbreviation "L.L.C."  SAME AS IS ON RECORD  Company, "the designation "LLC" or the abbreviation "L.L.C."  SAME AS IS ON RECORD  Company, "the designation "LLC" or the abbreviation "L.L.C."  SAME AS IS ON RECORD  Company, "the designation "LLC" or the abbreviation "L.L.C."  SAME AS IS ON RECORD  Company, "the designation "LLC" or the abbreviation "L.L.C."  SAME AS IS ON RECORD  Company, "the designation "LLC" or the abbreviation "L.L.C."  SAME AS IS ON RECORD  Company, "the designation "LLC" or the abbreviation "L.L.C."  Company, "the designation "L.L.C."  Company, "the designation "LLC" or the abbreviation "L.L.C."  Company, "the designation "L.L.C."  Company, "the de	
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address on our rec	cords, <u>enter the nam</u>	ne of the new register
<u></u>		
Enter Floria	la street address	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  es of Organization for this Limited Liability Company were filed on		
City		Zip Code
	Enter Florid	address on our records, enter the nam  Enter Florida street address  Florida

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
MGR	MARIE-CLAIRE J PIERRELOUIS	8403 PINES BLVD, #1354	□Add
		PEMBROKE PINES, FL 33024	≣Remove
			□Change
MGR	JUDITH ORCEL	8403 PINES BLVD, #1354	■Add
		PEMBROKE PINES, FL 33024	
			□Change
			Add
			PDChange 172: 25 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if nec			
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Effective date, if other than the date of filing: (opt If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft	tional)	nt to 605 02	207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	his date will no	t be listed	as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (ord is filed.	(b) The 90th	day after th	ıe
Dated 04/14/2023 ,			
- it On l	, -	2923 Ner 26	<b>-</b>
Signature of a member or authorized representative of a member		77.22	
JUDITH ORCEL			
Typed or printed name of signee	7,	_ <del></del> SI : <u>-</u>	-1