L23000157096

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COVER LETTER

Division of Co			
	HEALTH LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing,	
Please return all correspondence	ondence concerning this matter	to the following:	
	FELIX I LOPEZ BERMU	DEZ	
		Name of Person	
	ADDMEDHEALTH LLC		
	-	Firm/Company	
	1621 KERSLEY CIR		
		Address	
	LAKE MARY, FL 32714		
		City/State and Zip Code	200
	addmedhealth1@outlook.co	om (to be used for future annual report notificatio	m) 2 70 2
For further information of	e-mail address: concerning this matter, please c		<u>'</u> [
FELIX I LOPEZ BERMUDEZ 321 317-6199		7 AM	
Name o	of Person	at () Area Code Daytime Tele	phone Number (1974)
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Section	
Division of C	Corporations	Division of Corpora	tions

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADDMEDHEALTH LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L23000157096	opany were filed on $\frac{03/30/2023}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
	·	<u> </u>
		774 NOV 17
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		+
		1 TE (100)
		11 Q 1000
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, Flor	ida Zip Code
	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 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>	Address	Type of Action
CEO	FELIX I LOPEZ BERMUDEZ	1621 KERSLEY CIR LAKE MARY, FL 32746	= Add
			Remove
			Change
CEO	OSVALDO PEREZ VAZQUEZ		□Add
		1514 ARBOR LAKDES CIR SANFORD, FL 32771	■Remove
			Change
			□Add
			□Remove
			□Change
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	10/21/2024
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ote:	nent's effective date on the Department of State's records.
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Filing Fee: \$25.00