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## **COVER LETTER**

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TO: Registration Se Division of Cor			
	DICAL CARE LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YOLANDE B JOSEPH		
		Name of Person	
		Firm/Company	
	20623 NW 13TH AVENU	E	
	-	Address	
	MIAMI GARDENS, FL 3	3169	; ;
		City/State and Zip Code	
	jyolande93@yahoo.com		
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report notific	ation)
YOLANDE B JOSEPH		786 413 - 7706	
Name o	of Person		Felephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Secti	ion
Division of C		Division of Corpo	
P.O. Box 632	<u> </u>	The Centre of Ta	llahassee
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co.	mnany as it now appears on our records.)
(A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 05/02/2023 and assigned
Florida document number L23000215362	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
MBSMHS, LLC	
The new name must be distinguishable and contain the words "Limited L	.iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	<u> </u>
	<del></del>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
D. 16	
<ul> <li>it amending the registered agent and/or registered officent and/or the new registered office address here:</li> </ul>	ice address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
	Enter Florida street address
<u> </u>	, Florida
	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>	<u>Name</u>	Address	Type of Action
AMBR	REMONVILLE, ROBINSON	20623 NW 13TH AVENUE	<b>≣</b> Add
		MIAMI GARDENS, FL 33169	Remove
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fective date, if other than the offective date is listed, the date in	nust be specific and cannot be prior to date	(options of filing or more than 90 days after filing	ng ) Pursuant to 605 020
Me: If the date inserted in this	block does not meet the applicable sta Department of State's records.	atutory filing requirements, this da	ate will not be listed a
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after th
ted	, 2024		
You	andabjorth		
	Signature of a member or authorized re		