

To:

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2023-10-25 16:36:51 GMT

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From: Natalie Burns

10/25/23, 12:34 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H23000372400 3))



H230003724003ABCV

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BURNS LAW OFFICES, P.A.  
Account Number : 120140000036  
Phone : (305)733-8223  
Fax Number : (866)883-7019

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HHRC GROUP LLC

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02 26 2023

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H23000372400 3)))

HIRC GROUP 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 05/05/2023 and assigned Florida document number 123000223855.

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:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

DMA HEALTH INC

New Registered Office Address:

2475 MERCER AVE, SUITE 207

*Enter Florida street address*

WEST PALM BEACH


Florida 33401

*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**

(((H23000372400 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000372400 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Home Health Care Resources Corp	2475 MERCER AVE, SUITE 207	<input type="checkbox"/> Add
		W PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DMA HEALTH INC	2475 MERCER AVE, SUITE 207	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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