

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2300043535

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000220513 3)))



H230002205133ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

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
MASTER HEALTH CARE CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2023 JUN 20 PM 3:30

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

JUN 21 2023

2023 JUN 20 AM 10:06
 LLC

Articles of Amendment to LLC Articles of Organization of Master Health Care Center LLC

The Articles of Organization for this Limited Liability Company were filed on 5-17-23 and assigned Florida document number L23000243535.

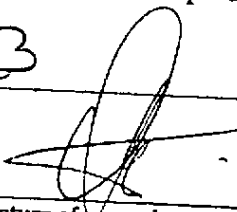
This amendment is submitted to amend the following:

- Remove
- Yelenis Alvarez Rivero
-
-
-
-
-
-

2023 JUN 29 AM 10:06

These articles of amendment were adopted on 6/20/23

Dated 6/20/23


 Signature of a member or authorized representative of a member
Orisbel Madrugá
 Typed or printed name of signee

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing