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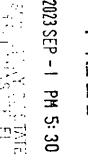
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COVER LETTER

TO:

TO:	Registration So Division of Cor		•	
ennira		TH SERVICES LLC		
SUBJEC	,I: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		RAMIREZ BARBEITO, I	BELKIS	
			Name of Person	
		TIN HEALTH SERVICES	SLLC	
			Firm/Company	·
		9032 Nw 115 St		
			Address	
		Hialeah Gardens, FL 3301	8	
			City/State and Zip Code	
		gooddealcarrierservices@a		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please co	all:	
RAMIR	EZ BARBEITO	. BELKIS	786 306-5310	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	he following amount:		
■ \$ 25.	00 Filing Fee	□ \$30.00 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)
	Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ection
	Division of C	orporations	Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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

TIN HEALTH SERVICES LLC				
(Name of the Limi	ited Liability Compa (A Florida Limited I	ny as it now appears on our r Jability Company)	ecords.)	
The Articles of Organization for this Limited L	Liability Company	were filed on 05/05/2023		_ and assigned
lorida document number L23000249153	·			
his amendment is submitted to amend the following	lowing:			
a. If amending name, enter the new name o	of the limited liab	ility company here:		
·				
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or the abbre	viation "L.L.C,"
Inter new principal offices address, if applic	cable:	RAMIREZ BARBEITO,	BELKIS	
Principal office address MUST BE A STREI	ET ADDRESS)	9032 Nw 115 St		
		Hialeah Gardens, FL 330	18(?)	2023
			,	F 2028 SEP
nter new mailing address, if applicable:			ン・で :ユニ	1 ==
(Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABOVE	55.	<u> </u>
			71 ₀₀	J. U
			四国	: မျှ
3. If amending the registered agent and/or	registered office :	address on our records, <u>e</u>	enter the name o	f the new regis
gent and/or the new registered office addre	ess here:			
Name of New Registered Agent:	RAMIREZ BA	RBEITO, BELKIS		
New Registered Office Address:	9032 Nw 115 S	St		
	-	Enter Florida street d	address	
	Hialeah Garder	ns,	_, Florida	}
		City		Zip Code

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 he eby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If ameraling 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
MGR	RAMIREZ BARBEITO, BELKIS	9032 Nw 115 St Hialeah Gardens, FL 33018	■Add
			□Remove
			□Change
			DbbA
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			Dbd
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

Good day!	With this amendment
I want to c	orrect the previous amendment that was made to convert from Inc. to LLC There was an error with the
łast name,	Econfirm all the papers were sent with the word correctly when the amendment was made and when the
was first n	nade time, it was apparently a Tallahassee typo. Also please include the EIN. It should have a waiver in
the fee, it	would be fair. Thank you
 .	
	
n effective date ote: If the date	if other than the date of filing: (optional)
ecord specifies is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	2023
	/ k /l 11 .
	Signature of a member or authorized representative of a member