## 123000258362

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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	]
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Office Use Only



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Y. SCOTT AUG 12 2023

## COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	Gentara	CidS Lakelan	alle
SUBJECT:	Name of Lim	nited Liability Company	<u>, C </u>
The analysis Amieles of	Amendment and fee(s) are sub		
		<u>-</u>	
Please return all correspo	ondence concerning this matter	to the following:	
	Oliv	e Gaye Name of Person	
		Firm/Company	<del></del>
		i inizeompany	202:
	7003 7	Presidents Dr.	Ste. 80D. 11-6
		Addiess	5
	Orlando, F	City/State and Zip Code	
	<u> </u>	City/State and Zip Code	$\omega$
	E-mail address: (	gen Coreve Durce to be used for future annual report noti	S Com II 9
For further information c	oncerning this matter, please c		
Olive G	aye	at (407) 440-	2877
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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	<del></del>	Street Address:	otion
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	allahassee
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000258362</u> .	were filed on 5.26.23 and assigned
This amendment is submitted to amend the following:	
A. if amending name, enter the new name of the limited liabi	lity company here:
Cencare Icids PPEC + Learning The new name must be distinguishable and contain the words "Limited Liabil."	is Center Lakeland, LLC is 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)	7405 US Highway 98N Lakeland, FL 33809
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7405 US Highway 98 N Lakeland, FL 33809
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre	re 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
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be ote:  If the date inserted in this block does not meet the a cument's effective date on the Department of State's recomment.	prior to date of pplicable stat	filing or more th	ian 90 days afti			
ecord specifies a delayed effective date, but not an effect is filed.	ive time, at 1	2:01 a.m. on th	e earlier of: (	b) Th	e 90th d	ay after ti
ted June 23 202	9 <u>3</u> .					
Signature of a member of						

Filing Fee: \$25.00