L23000289976

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SECRETARY OF STATE
ALL AHASSES FLORIDA

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COVER LETTER

TO: Registration So Division of Cor			
" McCray M	edical Care		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ashley McCray		
		Name of Person	<u></u>
	McCray Medical Care		
		Firm/Company	
	3265 Rogers Ave		
		Address	
	Jacksonville, FL, 32208		
	meeraymedicalcare@gmail	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Ashley McCray		904 434-6875	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCCRAY MEDICAL CARE 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 6/15/2023 _ and assigned Florida document number L23000289976 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." 2150 Soutel Dr #12 Enter new principal offices address, if applicable: Jacksonville, FL 32208 (Principal office address MUST BE A STREET ADDRESS) 2150 Soutel Dr #12 Enter new mailing address, if applicable: Jacksonville, Fl. 32208 (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: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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

Title	<u>Name</u>	Address	Type of Action
Title DWNEIL MGR	Ashley McCray	3265 Rogers Ave, Jacksonville, FL, 32208	■Add
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ocument's effective date on the record specifies a delayed effect	·	fective time, at	12:01 a.m. on the ear	rlier of: (b) The 90	th day afte	er the
record specifies a delayed effect is filed.	ive date, but not an eff				th day afte	er the
record specifies a delayed effect is filed.	ive date, but not an eff				th day afte	er the

Filing Fee: \$25.00