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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	ĺ

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A. RIVERS 0CT 0 4 2023



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COVER LETTER

	ision of Cor			· .
SUBJECT:	E&M Healt	th Care Services LLC		
SUBJECT:	 -	Name of Limited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Maria Hernandez		
			Name of Person	
		E & M Health Care Servic	es LLC	
			Firm/Company	
		4450 W 16th Avenue Apt.	222	
			Address	
		Hialeah, FL 33012		
			City/State and Zip Code	
		EM HEALT	HCARISERY O GI	mail. com
For further in	nformation c	E-mail address: (oncerning this matter, please of	to be used for future annual report not	ification)
		oncerning this matter, prease of		
Maria Herna			786 858-6324 at ()	· · · · · · · · · · · · · · · · · · ·
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
	iling Addres		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Corporations		
	D. Box 632		The Centre of	
Tal	lahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & M Health Care Services		
(<u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears on our records, rida Limited Liability Company)	2)
The Articles of Organization for this Limited Liability	Company were filed on 7/31/2023	and assigned
lorida document number L23000358015		
his amendment is submitted to amend the following:	:	
. If amending name, enter the new name of the li	imited liability company here:	
&M Healthcare Services, LLC		
he new name must be distinguishable and contain the words "L	imited 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 ADD	DDECC	
THE THE OFFICE GARLESS MOST BE A STREET AD	UKESS)	·
Inter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register	red office address on our records, enter t	he name of the new regis
gent and/or the new registered office address here		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	.
	Division de affect during	
		rida
	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

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
AMBR	Maria Hernandez	4450 W 16th Ave apt. 222	□Add
		Hialeah, FL 33012	□Remove
MGR Emedia Rodriguez	Emedin Rodriguez	4450 W 16th Ave apt. 222	□Add
	Hialcah, FL 33012	≣Remove	
			□Change
			
		⊟Remove	
			☐Change
		□Add	
			□Remove
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			Change
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(If an cf Note:	ive date, if other than the date of filing:
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	<u>AUGLIOT 18</u> , 2023
	Signature of a member or authorized representative of agnember
	MARIA IteRNANDEZ Typed or printed name of signee