L23000393092

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SUBJEC	O.C.		LTH MANAGER LLC			•	
	_		Name of Lim	ited Liability Company			
The encl	osed A	Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn a	ll correspo	ndence concerning this matter	to the following:			
			EDDY TRAVIESO CORR	.EA			
				Name of Person			
			CARE HEALTH MANAG	ER LLC			nus &
				Firm/Company			
			12232 SW 193RD ST				
				Address			Fee. f Status &
			MIAMI FL, 33177				
				City/State and Zip Cod	le		
			traviesoedy96@gmail.com				
			E-mail address: ()	to be used for future annu-	al report notifica	ation)	
For furth	ner info	ormation co	oncerning this matter, please co	all:			
EDDY 1	rav	IESO COR	REA		279-6508		
		Name of	Person	at () _ Area Code	Daytime T	elephone Number	
Enclosed	lisac	heck for th	e following amount:				
■ \$25.	.00 Fil	ing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fed Certified Copy (additional copy is e		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
		ng Address			Address:		
	_	stration S		——————————————————————————————————————	tration Secti		
	DIVI	SIOH OF C	orporations	DIVISI	ion of Corpo	ланоня 1-1	

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARE-HEALTH CARE LLE CARE I-KAITH MANAGER IC

(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	y were filed on	and assigned
Florida document number L23000393092	 .		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The annual had decided the latest and the latest an		776	
The new name must be distinguishable and contain the		_	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	12232 SW 193RD ST	
(Principal office address MUST BE A STRE	ET ADDRESS)	MIAMI FL, 33177	
			29
Enter new mailing address, if applicable:		12232 SW 193RD ST	 5.1.623
		MIAMI FL, 33177	<u>्</u>
(Mailing address MAY BE A POST OFFICE BOX)			
D. 16 a mars Para the market at the contract of the contract o			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, 9	enter the name of the new registered
Name of New Registered Agent:	EDDY TRAVI	ESO INCLAN	
New Registered Office Address:	12232 SW 1931	RD ST	
		Enter Florida street	address
	MIAMI		_, Florida ³³¹⁷⁷
		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
MGR	EDDY TRAVIESO INCLAN	12232 SW 193RD ST	₽ Add
		MIAMI-FL, 33177-2368	□ Remove
			□Add
			□Remove
			Change
			□Add
		- <u>-</u> -	Remove
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lf an ef <u>Note:</u>	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	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.
rd is fi	08/31/2023
rd is fi	Eddy-Iraviero Corpa
rd is fi	Signature of a member or authorized representative of a member

Filing Fee: \$25.00