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COVER LETTER

TO: Registration S Division of Co			
Venicecar	re Healthcare Services, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Erik Arroyo		
		Name of Person	
	Arroyo Company Chartere	ed	
		Firm/Company	
	46 North Washington Blvd	1 #26	
		Address	
	Sarasota, Florida 34236		
		City/State and Zip Code	
	Erik@fladvisor.com E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please c	•	
Kathy Morgan		941 650-1611	
Name	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations Callahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venicecare Healthcare Services, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y <u>as it now appears on our reco</u> ability Company)	ords.)	
The Articles of Organization for this Limited Liability Company w	vere filed on 9/21/2023	and a	ssigned
Florida document number 1.23000439261			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L!	LC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		#5	
		·	nc:
		<u></u>	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, ente	er the name of the p	ew registered
agent and/or the new registered order address here.		74 71. g	-
Name of New Registered Agent:			<u>;</u> ⊃
New Registered Office Address:		Č.	<u>~</u>
	Enter Florida street addr	ress	
	.1	Florida	
	City	Zip Cod	

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 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	Ibrahim A. Saad	5504 Pinebrook Road	□Add
		North Venice, Florida 34275	■ Remove
			□Change
MGR	Rami Alasaad	5504 Pinebrook Road	≣ Add
		North Venice, Florida 34275	□Remove
		-	☐Change
			□Add
			□Remove
			Change
			🗆 🗖 Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Chance

N/A	
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ffective date, if other tha	an the date of filing: (optional)
an effective date is listed, the da	tate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 this block does not meet the applicable statutory filing requirements, this date will not be listed a
	the Department of State's records.
record enecifies a delevad a	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	receive date, that not all effective time, at 12.01 a.m. of the earlier of. (b) The your day after the
October 23	2023
Dated	
	Signature of a member or authorized representative of a member
Erik Arroyo	
	Typed or printed name of signee

Filing Fee: \$25.00