## 123000442863

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Čit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	- <del>*</del>





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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Divis	sion of Cor	porations			
	A&M GOL	D HEALTHCARE, LLC			
SUBJECT:		Name of Lim	ited Liability Company	<del></del>	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		ALLEYNE, ALVIA L			
			Name of Person		
		A&M GOLD HEALTHCA	ARE, LLC		
			Firm/Company		
		10 FAIRWAY DRIVE ST	E 108		
			Address		
		DEERFIELD BCH, FL 33	441		
			City/State and Zip Code		
		MARIEGRACIABEIGEL@			
			to be used for future annual report notifica	tion) (+)	2024
For further in	formation c	oncerning this matter, please c	all;	1 - 1	
MARIE C GI	RACIA BEI	GEL	941 2379260 at ( )	٠٠٠٠ - ن زير ٠	5 27
	Name o	f Person	Area Code Daytime T	elephone Number	1 AM 9: 3
Enclosed is a	check for th	ne following amount:		27 E	သ္သ
□ \$25.00 Fi	iling Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	
	ling Addres		Street Address: Registration Section	on	
Div	ision of C	ornorations	Division of Corpo	rations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&M GOLD HEALTHCARE LLC	ny sa it now anneam on our records )
(Name of the Limited Liability Compa (A Florida Limited I	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number L23000442863	were filed on 09/25/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	llity company here:
A& M GOLD HOMECARE LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ALLEYNE, ALVIA L
(Principal office address MUST BE A STREET ADDRESS)	10331 GREENHOUSE ROAD
	PEMBROKE PINES, FL 33026
Enter new mailing address, if applicable:	10 FAIRWAY DRIVE STE 108 07 2
(Mailing address MAY BE A POST OFFICE BOX)	DEERFIELD BEACH, FL 33441
B. If amending the registered agent and/or registered office a	
agent and/or the new registered office address here:	9: 35
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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

, 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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
		- <del></del>	□ Change
<del></del>	<del></del>		□Add
			□ Remove
			□ Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E <b>st</b> ont	ing data if other than the data of filling.
(If an efi <u>Note:</u>	ve date, if other than the date of filing:
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 ed.
Dated	02/19/2024
	Signature of a member or authorized representative of a member
	MARIE C. Gracia Beivel  Typed or printed name of signees

Filing Fee: \$25.00