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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(4	Address)
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Special Instructions to F	iling Officer:
	J. HORNE UND 7 6 2024

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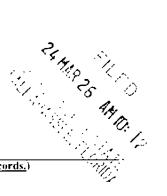
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COVER LETTER

то:	Regi Divis	stration Section of Corp	ction porations	·			
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SUBJEC	СТ: <u>-</u>		Name of Lim	ited Liability Company			
The encl	losed	Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn a	ill correspo	ndence concerning this matter	to the following:			
	ISMEL SOCARRAS CHAMORRO						
				Name of Person			
		Same of Person GUARDIAN HEART HOME CARE LLC Firm Company 15017 N DALI: MABRY HWY APT 1161 Address TAMPA, FL 33618 City/State and Zip Code CHAMOISMEL@GMAIL.COM E-mail address: (to be used for future annual report notification) Formation concerning this matter, please call: ARRAS CHAMORRO at (Area Code Daytime Telephone Number Check for the following amount:					
				Firm Company			
			15017 N DALE MABRY	HWY APT 1161			
				Address			
			TAMPA, FL 33618	the following: IORRO Name of Person E CARE LLC Firm Company WY APT 1161 Address City/State and Zip Code OM be used for future annual report notification) : at (
			 	City/State and Zip Code			
			E-mail address: (to be used for future annual report notification)			
For furth	her int	ormation co	oncerning this matter, please c	all:			
ISMEI.	SOC	ARRAS CH	AMORRO	·			
		Name of	Person	Area Code Daytime Telephone Number			
Enclosed	d is a	check for th	e following amount:				
≡ \$25.	.00 F î	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy			
		ing Address istration S					
	_		orporations	*			
	P.O.	Box 632	7	The Centre of Tallahassee			
	Tall	ahassee, F	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GUARDIAN HEART HOME 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 Florida document number <u>L24000074927</u>	v Company	were filed on <u>02/12/2024</u>	and assigned		
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	imited liab	ility company here:			
The new name must be distinguishable and contain the words "I	Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		15017 N DALE MABRY	HWY APT 1161		
is amendment is submitted to amend the following: If amending name, enter the new name of the limited to amend the words "Limited to amend the words "Limited ternew principal offices address, if applicable: In a submitted to amend the following: It amending name, enter the new name of the limited ternew principal offices address, if applicable: In a submitted to amend the following: It amending the distinguishable and contain the words "Limited ternew principal offices address, if applicable: In a submitted to amend the following: It amending address MUST BE A STREET ADDREST A	DRESS)	TAMPA, FL. 33618			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		15017 N DALE MABRY TAMPA, FL. 33618	HWY APT 1161		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		address on our records, <u>e</u>	nter the name of the new registered		
Name of New Registered Agent: ISN	MEL SOCAI	RRAS CHAMORRO			
New Registered Office Address: 150	017 N DALE	E MABRY HWY APT 1161			
real regimered office realists.		Enter Florida street a	ddress		
TA	.МРА		. Florida <u>33618</u>		
		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/N	ISMEL SOCARRAS CHAMORRO	15017 N DALE MABRY HWY APT 1161	= Add
		TAMPA, FL.33618	□Remove
			□Add
			□Remove
			□Remove
			□Change
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Filing Fee: \$25.00