# 124000081697

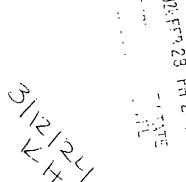
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# Cover Letter

Contact Name: Allan Aquino

Address: 4403 Big Woods Way, Parrish, FL 34219

Phone: 720 412 6503

Email: amaplusqualitycareservicesllc@gmail.com

LLC: AMA Plus Quality Care Services LLC

Doc #: L24000081697

RE: Amendment to LLC - add Authorized Member (AMBR)

## **COVER LETTER**

Division of Cor	porations S QUALITY CARE SERVICE	S LLC			
13 T T T T T T T T T T T T T T T T T T T		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Allan Aquino				
		Name of Person			
		Firm/Company			
	4403 Big Woods Way	Address			
	Parrish, Fłorida 34219	Address			
	amaplusqualitycareservices	City/State and Zip Code			
		to be used for future annual report notif	ication)		
For further information e	oncerning this matter, please co	all:		20 £	
Allan Aquino		720 4126503 at ()		2024 FEB	- ·
Name o	f Person	Area Code Daytime	e Telephone Number	: 28 :: 28	- •
Enclosed is a check for the	he following amount:			PH 2	, 
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co (additional copy	f Status &	
		A			

Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMA PLUS QUALITY CARE SERVICES LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compare Florida document number L24000081697	ny were filed on February 15, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the a	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)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the nar	ne of the new registe
agent and/or the new registered office address in/e.		
Name of New Registered Agent:		2 -
New Registered Office Address:	Enter Florida street address	70
		2:4
	Elawida	1' '_1 " .

### New Registered Agent's Signature, if changing Registered Agent:

ANALOUSE OF ALTER CADE SEDANCES LAC

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

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	<u>Address</u>	Type of Action
AMBR	Allan G. Aquino	4403 Big Woods Way, Partish FL 34219	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
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			Change

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fective date, if other than the date of filing:	(optional)
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fective date, if other than the date of filing:	(optional)
Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing requiperument's effective date on the Department of State's records.	(optional) 190 days after filing.) Pursuant to 605.0 rements, this date will not be listed
Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing requiperument's effective date on the Department of State's records.	(optional) 190 days after filing.) Pursuant to 605.0 rements, this date will not be listed
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Filing Fee: \$25.00