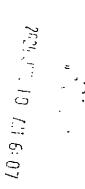






07/10/24--01010--001 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
met	DICAID FOR) 100	
SUBJECT:	Name of Limi	ted 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:	
	IGNACIO	Pintado - Pel Name of Person	<u>ez</u>
		Firm/Company	
	6184 NUES	tgate Dr	
	Orlando,	F/ 32835 City/State and Zip Code	
	13 13-mail address: (1	Ohot Mail. Consto be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Zanacio Name o	Pintado-Per	e 2 at <u>(321)</u> 356 Area Code Daytime	-373/
Enclosed is a check for the	he following amount:		
图 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Sec	
Division of C	'ornorations	Division of Cor	porations

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDICAID FOR YOU (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	es an our records)
(A Florida Limited Liability Company)	300 04. (CCO. 05.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{\mathcal{L}}{\mathcal{L}}$ Florida document number $\frac{\mathcal{L}}{\mathcal{L}} + 0.00 \text{III} \text{Le} \text{Le}$)3-04 - 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>ere</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the o	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- <u></u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	5
(Mailing address MAY BE A POST OFFICE BOX)	0
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here: Name of New Registered Agent:	ecords, enter the name of the new register
	
New Registered Office Address: Enter Flo	orida 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>	<u>Name</u>	Address Fl 32835	vpe of Action
AMBR	IGNACIO PINTOLO. Pere 7	6184 Westgate dr. Orlands	B Add
	rere 7		Remove
			_ Change
AMBR	Graciela DAYILA	468 Dunoon St Older Fl	[DEXTOOL
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			_ Remove
			_ 🗆 Change
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If an effe <u>Note:</u> I	ce date, if other than the date of filing:
e record rd is file	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 d.
Dated _	·
	Signature of a member or authorized representative of a member I anacio Piutado - Per 62 Typed or printed name of signee
	i a serial and a decidence of the contract of
	Signature of a member or authorized representative of a member