4/9/24, 9:57 AM



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(((H24000129189 3)))



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Division of Corporations

Fax Number : (850)617-6383

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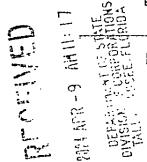
Account Name : J&K ACCOUNTING SERVICES LLC

Account Number : I20200000194

Phone : (786)448-3851

Fax Number : (123)456-789

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TO PURA VIDA HOME CARE LLC

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APR 1 0 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

PURA VIDA HOME CARE LLC		<u> </u>
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000148668	were filed on 03/27/2024	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	···	
(Principal office address MUST BE A STREET ADDRESS)		
		- G
		-9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>ω</u> ()
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Florid	la
	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 affice 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

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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
MGER	CAMILO TORRES FERNANDEZ	2200 NE 4 AVE APT PH08	\equiv Add
		MIAMI FL 33137	□Remove
			☐ Change
			□Add
			□ Remove
		□Change	
		□Add	
			□Remove
		DAdd	
			Remove
			Change
		□Add	
			□Remove
			□ Change
	W. Co.		□Add
			Remove
			□Change

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. 11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
Note:	ive date, if other than the date of filing:
he recor ord is fi	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 led.
Dated	APRIL 9 2024
	Signature of a member or authorized representative of a member
	LAURA FERNANDEZ VALDES
	Typed or printed name of signee

Filing Fee: \$25.00

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