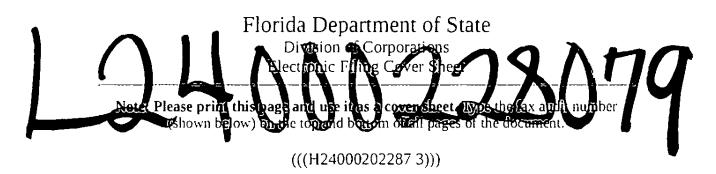
6/10/2024 C8:15:15 PDT To: 18506176383 Page: 1/4 Fax: 8134365206





Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HEALTH & CARE BY MIRANDA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

6/10/2024 03:15:15 PQT To :18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Health & Care by Miranda LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/16/24	and assigned
Florida document number L24000228079		
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 Liabit	tity Company," the designation "LLC" or the abbres	iation "L.L.C."=
Enter new principal offices address, if applicable:		₹ 00€
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		မှ နွဲ်ရှိ
(Mailing address MAY BE A POST OFFICE BOX)		15
		**
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of	the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree	to comply with the

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.

6/10/2024 98:15:15 PPT To: 18506176383 Page: 3/4 Fax: 8134365206

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>	<u>Address</u>	Type of Action
AMBR	Aguero, Nayvis Miranda	7901 4th St N STE 300	
		St. Petersburg, FL 33702	□Remove
			□ Change
			□Add
			□Remove
			□Change
			SECRET INTERIOR C 24aJUN
			ം ഉട്ട ഗട്ട ആ ബ ്വ ഉട്ട
			Late Switz
			□Remove
			Change
			□Add
			□Remove
			□ Change
· ·			□ Add
			□Remove
			Channe

6/10/2024 09:15:15 PDT To. 18506176383 Page: 4/4 Fax: 8134365206

-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-		
		% ≥ %
		SIGH.
		10
		
		 မှာ
-		
ffective date, if other than the an effective date is listed, the date moote: If the date inserted in this becoment's effective date on the I	ist be specific and cannot be prior to date of filing or more than dock does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:01 a.m. on the c	earlier of: (b) The 90th day after the
ated	2024	
	Signature of a member or authorized representative of a me	