## L24 000 229 940

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## **COVER LETTER**

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Tallahassee, FL 32314

TO:		istration Sect sion of Corp				
SUBJE	CT.	AgentCare				
or na Pi	C (;		Name of Limi	ted Liability Company		
The encl	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	eturn	all correspon	dence concerning this matter	to the following:		
			Javier Garcia			
				Name of Person		
			AgentCare			
				Firm/Company	<del></del> -	
			12171 SW 268th St			
				Address		
			Homestead, Fl 33032			
			<del></del>	City/State and Zip Co	ode	
			javiergarcia@agentcare.net			
				to be used for future and	nual report notification	1)
For furt	ther ii	nformation co	oncerning this matter, please c	all:		
Javier (	Garci	a		954 at ()	702-2079	
		Name of	Person	Area Code	Daytime Telep	phone Number
Enclose	ed is a	a check for th	e following amount:			
<b>≡</b> \$25	5.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	у	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Re Di P.0	D. Box 632	ection orporations 7	Reg Divi The	et Address: istration Section ision of Corpora Centre of Tallal	tions hassee
Tallahassee, FL 32314		241.	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AgentCare		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Compantiforida document number L24000229940	y were filed on 4/17/2024	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u></u>	
		$\sim$ $\sim$ $\sim$ $\sim$ $\sim$
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		5: 2
		E O
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	<b>'S</b>
		orida
	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>	<u>Address</u>	Type of Action
MGR	Miriam Mier	12171 SW 268th St, Homestead, Fl 33032	<b>=</b> Add
			□Remove
		<u> </u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
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			□Add
			Remove
			□Change

	<u> </u>	
		,
		-
	1	
factive date if other than the date of filing	4/18/2024 (optional)	
an effective date is listed, the date must be specific and	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	5.020
ote: If the date inserted in this block does not re- peument's effective date on the Department of S	neet the applicable statutory filing requirements, this date will not be list state's records.	.eo as
,		
record execities a delayed effective date, but not	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
is filed.	<u> </u>	
August 29	2024	
ated August 29	2024	
1. Imi	··	
ated August 29	nember or authorized representative of a member	

Filing Fee: \$25.00