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Amend

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## **COVER LETTER**

TO:

Registration Section

Divi	ision of Cor	porations				
our man	21st Century Healthcare Management, LLC  Name of Limited Liability Company					
SUBJECT:						
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Salvador Castaner, Esq.				
Name of Person						
			Firm/Company			
15209 NW 60th Ave						
Address						
Miami Lakes, FL 33014						
			City/State and Zip Co	de		<u>~</u>
	sal@castanerlawpa.com					
		E-mail address: (	to be used for future annu	ual report notification	n)	* <u>;</u>
For further in	iformation c	oncerning this matter, please c	all:			1
Salvador Castaner, Esq			305 at ()	986-1568		. TT
	Name o	f Person	Area Code	Daytime Telep	phone Number	<u></u> 9
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is	•	Certified C	of Status &
Mailing Address:			t Address:			
Registration Section Division of Corporations			-	Registration Section Division of Corporations		
P.O. Box 6327				The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			)

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>.</u> )
and assigned
or the abbreviation "L.L.C."
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the name of the new register
, · · · · · · · · · · · · · · · · · · ·
rida 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 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	Patricia Quevedo-Cherne	15209 NW 60th Ave	≅Add
		Miami Lakes, FL 33014	Remove
			Change
MGR	Felix R. Quevedo	15209 NW 60th Ave	□Add
		Miami Lakes, FL 33014	=Remove
			□Change
	<u> </u>		
			□Remove
			Change
			□Remove
			Change
			□Add
		<del></del> .	□Remove
			☐ Change
	<del></del>		🗀 Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. November 8 Dated Signature of a member or authorized representative of a member Patricia Quevedo-Cherne Typed or printed name of signee