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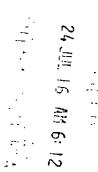
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COVER LETTER

SUBJECT: _	OMERAIN	THERAPY SERVICES LL	С	
56000ET		Name of Lim	ited Liability Company	
The enclosed A	articles of A	amendment and fee(s) are sub	omitted for filing.	
			_	
		Eilyn Elvia Morales Senju	udo	
			Name of Person	·
		Eilyn Elvia Morales Senju	ıdo	
			Firm/Company	
		19900 Gulfstream rd		
	Name of Limited Liability Company ed Articles of Amendment and fec(s) are submitted for filing. mall correspondence concerning this matter to the following: Eilyn Elvia Morales Senjudo			
		CUTLER BAY, FL, 33157	7	
			City/State and Zip Code	
		•		
			·	ification)
For further info	rmation co	ncerning this matter, please co	all:	
Eilyn Elvia Morales Senjudo				
	Name of	Person		ne Telephone Number
Enclosed is a cl	neck for the	following amount:		
⊠ \$25.00 Fili	ng Fec		Certified Copy	Certificate of Status &
				ction
Division of Corporations				
			The Centre of T	Tallahassee
i ailai	nassee, Fl	_ 3∠314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOMERAIN THERAPY SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as <mark>it now appears on our record</mark> Jiability Company)	<u>ls.</u>)
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L24000298823		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Mulling duaress MAT BE A FOST OFFICE BOX		<u> </u>
		- <u> </u>
3. If amending the registered agent and/or registered office a	address on our records, enter	: -
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre:	ev.
		lorida Zip Code
	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 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
MGR	Eilyn Elvia Morales Senjudo	19900 Gulfstream rd, Cutler Bay, FL, 33157	Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
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			Change

**		
activa d	ate if other than the date of filing: (ontional)	
effective	ate, if other than the date of filing: (optional) 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	5.020
<u>e:</u> 11 in ument's	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list effective date on the Department of State's records.	cu i
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r th
s filed.		
July	11 2024	
.u	- Stall Amile	
	AND VIND	
•	Signature of a member or authorized representative of a member	