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Division of Corporations

Fax Number

: (850)617-6383

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Account Number : I20220000042 : (786)370-2432 Phone : (786)866-6349 Fax Number

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ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF



	HEALTH SERVICE		
(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Cor		07/10/2024	and assigned
Florida document number L24000317700	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> ;	
	N/A		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the de	esignation "LLC" or the abl	previation "L.L.C."
	• • •		
Enter new principal offices address, if applicable:		IN/A	
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		<u></u>
			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
			······································
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	ecords, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:		N/A	
New Registered Office Address:			•
New Registered Office Address.	Enter Flor	ida street address	
	City	, Florida	Zıv Code
	City.		ыр сове

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

2024-11-12 18:37:26 GMT

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000375871 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ACERO, MARTHA	3408 W 84 ST STE 214	
		HIALEAH, FL 33018	ORemove
			OChange
			\bigcirc_{Add}
			O _{Remove}
			Ochange
			Action On the Control of the Control
			S 2
			Charles Charles
			LORIO PAND
			ORemove
			OChange
			O _{Add}
			Окепюче
			OChange
			ORemove
			Ochange

From: ADRIAN MEDINA

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). If amending	any other information, enter change(s) here:	(Attach additional sheets, if nece	essary.)
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(If an effective d	te, if other than the date of filing: ate is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicatificative date on the Department of State's records.		filing.) Pursuant to 605.0207 (3)(b)
the record speci cord is filed.	fies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	11/12 2024		
_	Signature of a member or author	Cast epicsentative of a member	·············
	GALVEZ,	GARY M	
_	Typed or printed		.

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