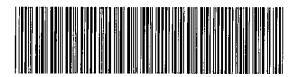
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Ch Shipmy

COVER LETTER

TO: Registration Division of C			
	edical Services, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Guerbie Alcime		
		Name of Person	
		Firm/Company	
	893) Lakeview Drive		
		Address	
	Parkland, FL 33076		
	jgueroie@hotmail.cor	City/State and Zip Code	
,	concerning this matter, please c	to be used for future annual report noti all:	ification)
Guerbie Alcime $\frac{1}{4}$	s mg	954 292-1891	
Name	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for	he fo ¹ owing amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SZ&B Medical Services, LLC	ZU24	<u> </u>
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 07/18/2024	and assigned
lorida document number L24000319230		
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
6 <u>2002</u> No		•
If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Reglatured Agent:	··	
New Registered Office Address:		
	Enter Florida street addres	•
	Flo	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 vechange in the registered office address, I hereby confirm that the limited liability company has been votified 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>Ťitle</u>	Name	Address	Type of Action
MGR	Alcine, Scan A	8931 Lakeview Drive, Parkland, FL 33076	□Add
			≡ Remove
			□Change
			□Add
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Note:	(optional) ctive 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 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as then is effective date on the Department of State's records.
e recor rd is fi	specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of; (b) The 90th day after the ed.
Dated	·
	I lead.
	Signature of a member or authorized representative of a member Olule V6 (1) Al Come Typed or printed name of stones