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SEP 11 2924

From: Yanet Avila

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME FAMILY HEALTH LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recondinited Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Cor Florida document number L24000333937	mpany were filed on $\frac{08/01/2024}{.}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 SEP
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		- <u>-</u> : <u>cri</u>
New Registered Office Address:		
	Enter Florida street addre	25.5
		lorida
	Clty	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

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

From: Yanet Avila

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	YANKIEL LOZANO	850 NW 42ND AVE STE 300	= Add
		MIAMI, FL 33126	Remove
		• •	Change
			∐Add
			□Remove
			□Change
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			□Change

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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: II	e date, if other than the date of filing:
the record : ord is tiled	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
Dated	· · · · · · · · · · · · · · · · · · ·
	Teacon Valides (Dep 9, 2021 (16) 7 5 27)
	Signature of a member or authorized representative of a member
	OMAR VEGA TORRES
	Typed or printed name of signee