L34000 396184

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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	·
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

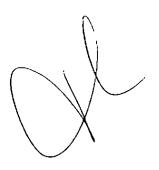
Office Use Only



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COVER LETTER

TO: Registration So Division of Cor				
SURJECT:	ritical Care	Repairs LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shar	nnon E. Simor Name of Person	1	
		Name of Person		
		Firm/Company		
	13234 Gr	eat Plains Dr. Address		2024 OCT -9 AH 10: 47
	Riverview	FL 33579 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	1144 6-130°
	home: medic E-mail address: (@ criticalcarere	Pars. Com	16.5
For further information of	concerning this matter, please ca	all:		_
Shannon Name o	E Simon of Person	at (734) 891-7 Area Code Daytim	2396 e Telephone Number	
Enclosed is a check for t	he following amount:			
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py
Mailing Addres Registration		Street Address: Registration Se	ction	
Division of C		Division of Cor	porations	
P.O. Box 632	27	The Centre of T	`allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Critical Care Re	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400396184</u> .	were filed on $9/10/24$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13234 Great Plains DE.
(Principal office address MUST BE A STREET ADDRESS)	Riverview FL 335793 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13234 Great Plains Dr. = 17 Riverview FL 33579 =
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	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
JMB12	Anna M. Simon	13234 Great Plains Dr	□Add
		Riverview FL 33579	Kemove
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te: If the date inserted in temperates effective date on					ory filing r	equirement	s. this da	te will r	not be list	ted as
cord specifies a delayed ef	Tective date, I	out not an	i effective t	ime, at 12:	01 a.m. on	the earlier	of) (b)	The 90th	h day afto	er the
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