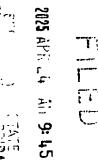
L25000174833

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





600428282146



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	ШаLЕАН	, Florida <u>33012</u>
New Registered Office Address:	1225 W 49TH PL APT I Enter Fl	orida street address
Name of New Registered Agent.	1936 W. WTH BLADT!	
Name of New Registered Agent:	PENA GARCIA, TAIMY	
gent and/or the new registered office addre	ess here:	
3. If amending the registered agent and/or	registered office address on our	records, enter the name of the new register
Mailing address MAY BE A POST OFFICE	<u> </u>	
Enter new mailing address, if applicable:		
Principal office address MUST BE A STREI		
inter new principal offices address, if applic	rable:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of	<u>if the limited liability company f</u>	<u>sere</u> :
This amendment is submitted to amend the following	-	
Torida document number 1.25000174833	·,	
		and assigned
The Articles of Organization for this Limited L		4/11/2025 and assistand
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	urs on our records.)
TP HOME HEALTH CARE, LLC		

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

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

Title	<u>Name</u>	Address	Type of Action
MGR	PENA GARCIA, TAIMY	1225 W 49TH PL APT 1	置Add
		HIALEAH, FL 33012	□Rcmove
			Change
			DAdd
			Remove
			🗀 Change
			□Add
	•		□Remove
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			[]\Add
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-	IMY PENA GARCIA
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Effecti	date, if other than the date of filing: (optional)
lf an eff	ive date is listed, the date must be specific and cannot be prior to date of DHRR of More than 90 days after fitting.) Forskille to 000.02073
Note:	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a client on the Department of State's records.
	the state of the s
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fil	
	PRIL 23rd 2025
Dated	PRIL 23rd 2025
	The Management of the Manageme
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00