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	(Address)
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	(Business Entity Name)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL - 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Comprehensive Van Center LCC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
NICELY GOTMAN, MO (Name of Person)
Conprensive Van Centr, LCC (Firm/Company)
1133 MISSION LIDGE CT
Orlando, FL 32835 PM 3
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (347) 256 7/7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TE A
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Comprehensive	Vern Center	LLC.		
(Name of the Limited Liability Co	mpany as it now appear ited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Com Florida document number		3/13/08	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	i liability company her	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Compa	nny," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applicable:		TAL	700	
(Principal office address MUST BE A STREET ADDRES	<u></u>	P.S.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AR OF JORIDA	-1 P D	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on on the here:	our records, <u>enter th</u>	te name of the nev	
Name of New Registered Agent:			1	
New Registered Office Address:	- WAR W			
	(E)	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> **Type of Action Name** <u>Address</u> ☐ Add Remove 🗂 Add ☐ Add Remove ____Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 307, 2008 Dated

Page 2 of 2

NICLU GUZMAN MO Typed or printed name of signee

Signature of a member or authorized representative of a member

Filing Fee: \$25.00