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T. HAMPTON

FEB - 1 2011



COVER LETTER

TQ:

Registration Section

Division of C	Corporations				
SUBJECT: _	Companion Care	of South West Florida LLC			
	mited Liability Company				
	of Amendment and fee(s) are su				
Please return all corres	spondence concerning this matte	er to the following:			
		Vanity Dickinson			
		Name of Person			
	Companion	Care of South West Florida LLC			
	·	Firm/Company			
	5501 Wilmar Lane				
		Address			
		Naples, Florida 34112			
		City/State and Zip Code			
	E-mail address:	/anitylol@comcast.net (to be used for future annual report notification)			
For further information	n concerning this matter, please	call:			
	anity Dickinson	at (_239) 537-7017			
Name	e of Person	Area Code & Daytime Telephone Number			
^	the following amount:				
25.00 Filing Fee	Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is			
MAI	LING ADDRESS:	STREET/COURIER ADDRESS:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Talla	Tallahassee, FL 32314. 2661 Executive Center Circle				

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS **OF**

a 11 JAN 31 PM 2: 89

TILED

Companion Care of Sc	outh West Fl	orida, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	March 20, 2009	and assigned		
Florida document numberL09000030607					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company h	e <u>re</u> :			
Vanity Office S	ervices, LLC				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	pany," the designation "LL	.C" or the abbreviation		
Enter new principal offices address, if applicable:	5501 Wilma	5501 Wilmar Lane			
(Principal office address MUST BE A STREET ADDRESS)	Naples, Florida 34112				
		·			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on <u>e</u> :	our records, enter the	e name of the new		
Name of New Registered Agent:	·				
New Registered Office Address: 5501 Wilma					
	Enter Florida street address				
	Naples	, Florida	34112		
	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 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

Type of Action Title <u>Name</u> Address Jimmie Lee Lindsey secreta 1482 Blue Point Avenue ∏Add Naples, Florida 34104 √ Remove Christina Stephano Secreta 5501 Wilmar Lane ▼ Add Naples, Florida 34104 Remove ☐ Add Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1 AM 27 Dated Signature of a member of authorized representative of a member Vanity Dickinson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00