

LB000102089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

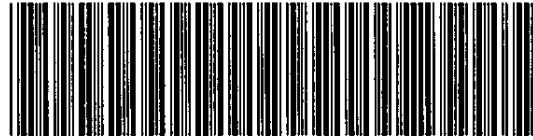
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OCT 27 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

ROSS M GREENBERG
GREENBERG LAW GROUP, PA
2883 EXECUTIVE PARK DRIVE STE 200
WESTON, FL 33331

SUBJECT: PREMIER CARE PARTNERS, LLC
Ref. Number: L15000102089

We have received your document for PREMIER CARE PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 316A00022395

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TALLAHASSEE, FLORIDA

Greenberg Law Group, P.A.

ATTORNEYS AT LAW

2883 Executive Park Drive, Suite 200
Weston, Florida 33331

Ross M. Greenberg, Esq.
ross@greenberglawgrp.com

Telephone: (954) 659-8300
Facsimile: (954) 874-6161

October 21, 2016

Registration Section/Division of Corporations
Clifton Building
Attention Sheila Young
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment to Articles of Organization
Of Premier Care Partners LLC

Dear Ms. Young:

Enclosed is the return of the document. Due to the sense of urgency, we preferred not to wait for the receipt of your letter. Please process as soon as possible. Thank you for your anticipated assistance.

If you need any further documentation please do not hesitate to contact me at (954)659-8300.

Very Truly Yours,

Greenberg Law Group, P.A.


By: Ross M. Greenberg, Esq.

Enc: Articles of Amendment Form- Florida Limited Liability Company

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COVER LETTER

**TO: Registration Section
 Division of Corporations**

SUBJECT: Premier Care Partners, LLC
_____ 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:

Ross M. Greenberg

Name of Person

Greenberg Law Group, P.A.

Firm/Company

2883 Executive Park Drive, Suite 200

Address

Weston, Florida 33331

City/State and Zip Code

ross@greenberglawgrp.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Ross M. Greenberg 954 659-8300

Name of Person at (_____) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

Premier Care Partners, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/11/2015 and assigned Florida document number L15000102089.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6100 Blue Lagoon Drive

Suite 430

Miami, Florida 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5727 NW 7th Street

Suite 337

Miami, Florida 33126

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Paula Harrilal	1405 SW 107th Avenue	<input type="checkbox"/> Add
		Suite 217-C	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33174	<input type="checkbox"/> Change
President	Griselle Abelairas	6100 Blue Lagoon Drive	<input type="checkbox"/> Add
		Suite 430	<input type="checkbox"/> Remove
		Miami, Florida 33126	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 09/16/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 21, 2016



Signature of a member or authorized representative of a member

Griselle Abelairas, President

Typed or printed name of signee