

L00000002973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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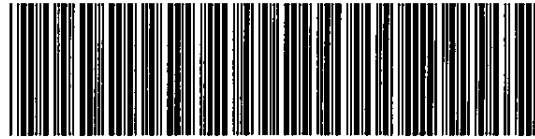
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPERIOR HEALTHCARE SERVICES 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:

PATRICIA HEVIA

(Name of Person)

SUPERIOR HEALTHCARE SERVICES LLC

(Firm/Company)

29472 SW 193RD COURT

(Address)

HOMESTEAD FL 33030-2244

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA HEVIA

(Name of Person)

at (786)

217-2971

(Area Code & Daytime Telephone Number)

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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**

SUPERIOR HEALTHCARE SERVICES LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 03/15/2000 and assigned document number L00000002973.

SECOND: This amendment is submitted to amend the following:

ADD:

MANAGER

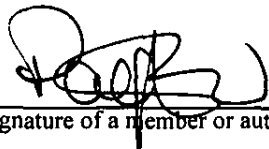
MICHELLE GONZALEZ

29472 SW 193RD COURT

HOMESTEAD FL 33030-2244

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TALLAHASSEE, FLORIDA

Dated MAY 1, 2007.



Signature of a member or authorized representative of a member

PATRICIA HEVIA

Typed or printed name of signee

Filing Fee: \$25.00