L0100000 3083

_____
(Requestor's Name)

_____
(Address)

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(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

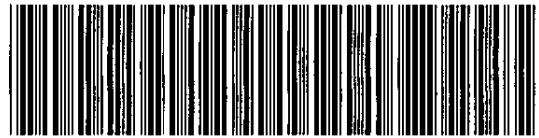Certified Copies _____   Certificates of Status _____

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L. SELLERS

AUG 2 1 2009

EXAMINER

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09 AUG 19 PH 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
 Division of Corporations

SUBJECT: CareServices of the Heartland, 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:

Heather Roraff
Name of Person

AllianceCare
Firm/Company

2500 Quantum Lakes Drive, Suite 108
Address

Boynton Beach, Florida 33426
City/State and Zip Code

heather.roraff@alliancecare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Roraff at (561) 244-3627
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

[✓] $25.00 Filing Fee   [ ] $30.00 Filing Fee &   [ ] $55.00 Filing Fee &   [ ] $60.00 Filing Fee,
                             Certificate of Status   Certified Copy   Certificate of Status &
                                                         (additional copy is enclosed) 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

CareServices of the Heartland , 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 _02 28 2001_ and assigned

Florida document number _L0100000 3083_.

This amendment is submitted to amend the following:

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

_N/A_

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

Enter new principal offices address, if applicable: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

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: Maxine Hochhauser

New Registered Office Address: 2500 Quantum Lakes Drive, Suite 108
Enter Florida street address

Boynton Beach _____, Florida __33426__
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.

Maxine Hochhauser

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

Title	Name	Address	Type of Action
CFO	Daniel Cammarata, CFO	2500 Quantum Lakes Drive, Suite 108 Boynton Beach, Florida 33426	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____ August 03 _____, __2009__.

Maxine Hachha
Signature of a member or authorized representative of a member

Maxine Hochhauser
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00

09 AUG 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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