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(Re	equestor's Name)	
(Ad	ldress)	
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COMMUNITY CARE RESOURCES. (Name of Limited Liability C	, LC Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or	Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
FRANCISCO VALDES (Name of Person)	·
COMMUNITY CARE RESOURCES, LC (Firm/Company)	06
14100 PALMETTO FRONTAGE ROAD (Address)	FILED 06 NOV -2 PH 12: 46 SECRETATION OF STATE TALLAHASSEE, FLORIDA
MIAMI LAKES, FL. 33014 (City/State and Zip Code)	-2 PH 12: 46 ASSEE FLORID
For further information concerning this matter, please call:	حر
MIGUEL LLANES (Name of Person) at (305) (Area Co	231-0404 ode & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
☐ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMMUNITY CARE RESOURCES, LC (Present Name) (A Florida Limited Liability Company) The Articles of Organization were filed on OCTOBER 10, 2006 document number L01000008540 FIRST: _ and assigned **SECOND:** This amendment is submitted to amend the following: Delete MARIA C. SUAREZ as the Manager, The new Manager is MIGUEL R. **LLANES** Dated OCTOBER 10 2006 Signature of a member or authorized representative of a member FRANCISCO VALDES

Filing Fee: \$25.00

Typed or printed name of signee