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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alternative Health Care Associates L.L.C. (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:	
Michele Leilani Badanele (MGR)	
Michele Leilani Badanele (MGR) (Name of Person) Alternative Health Care Associates L.L.C. (Firm/Company)	
P.O. BOX 830189	
(Address)	
Ocala FLorida 34483-0189 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	တ
For further information concerning this matter, please call: Michele LeiLani Bedanek at 352 274-8094 (Name of Person) (MGR) (Area Code & Daytime Telephone Number)	CRE TA
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Enclosed is a check for the following amount:	F S IA
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\$25.00 Filing Fee \$\ \times \\$30.00 Filing Fee & \ \times \\$55.00 Filing Fee & \times \\$60.00 Filing Fee, \ \times	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)

Care Associates L.L.C.

Alternative Healt

11-28-2001 and assigned FIRST: SECOND: This amendment is submitted to amend the following: LeiLani Badanek 10-25 2006

Filing Fee: \$25.00