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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

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SUBJECT: <u>Apple Health</u> (Name of Limited Liability)	CARE Services, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person) <u>e Health Care Services</u> LLC (Firm/Company)

W. ZYAVE. #200

7 33016

For further information concerning this matter, please call:

Area Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check for the following amount:

S25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

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555.00 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

vices, LLC Ple

(Present Name) (A Florida Limited Liability Company)

9 2003 The Articles of Organization were filed on document number and assigned FIRST:

SECOND: This amendment is submitted to amend the following:

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NG AM 11: 55

Dated

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Signature of member or authorized representative of a member

'A CH PZ 220

Typed or printed name of signee

Filing Fee: \$25.00