

LO3000054804

(Requestor's Name)

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PICK-UP WAIT MAIL

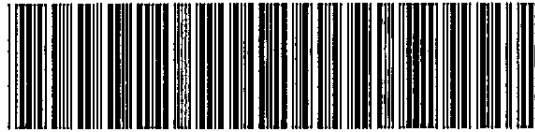
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/04--01028--010 **25.00

DIVISION OF CORPORATION
04 AUG -4 AM 10:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA
04 AUG -4 PM 2:03
FILED

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. CANE CENTER L.L.C.
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2:00 Certified Copy.
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

CERTIFICATE OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
04 AUG -4 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CARE center L.L.C.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was 12-19-03

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

ADD- Barbara Perez (Manager)
434 SW 12 ave
Suite #304
MIAMI FL 33130

Dated 8-1, 2004


Signature of a member or authorized representative of a member

Barbara Perez (Manager)
Typed or printed name of signee

Filing Fee: 25.00