# L04000011385

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
oposiai monacasis to i milg omosi.

Office Use Only



000041643640

10/08/04--01020--001 \*\*25.00

FILE D 2004 OCT -8 PM 2: 17 2004 OCT -8 PM 2: 17 2004 OCT -8 PM 2: 17 2004 OCT -8 PM 2: 17

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
To: Registration Section Division of Corporations  SUBJECT: DSHVE Gre Rehabilitation Increpancy  (Name of Limited Liability Company)  The enclosed Articles of Amendment and fee(s) are submitted for filing.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Herma McDonald (Name of Person)
Postive Care Renabilitation Services LLC
758 Gates Creek Road
Bodenton FL 34202 (City/State and Zip Code)
For further information concerning this matter, please call:
Charles O. Tulks at 941  Tollarea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Q \$25.00 Filing Fee

## STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Positive Care (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on February 11,2004 and assigned document number LOHOOO 11385
	document number LOTOCOTT 3/5

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

Article V is changed to Include: Olive Eldon, MGR 3508 28th St.E,

Bradenton FL34208,7308

Dated X 10-4-04

ature of a member or authorized representative of a member

\* Olive Eldon
Typed or printed name of signee

Filing Fee: \$25.00