L04000045654

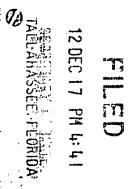
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
		!
		Ī

Office Use Only



600242286156

12/17/12--01017--014 **25.00



B. BOSTICK
DEC **1 9** 2012

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: 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:
Milinal Shastri
Name of Person Vouv Cave Clinics, LLC Firm/Company
5985 - 49th St. No.
St. Petersburg Fl 33709
City/State and Lip Code OVShastria Vouv Care Clinics. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Milind Shastri 1,757, 409-6649
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

Vour Care Clinics, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: 5985-49th St. North Enter Florida street address St. PeterShurg, Florida 33709 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Rupa Shastri Remove Add Remove Add Remove Add Remove

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated De(4	ember 11. 2012.
_	Iwww
_	Signature of a member or authorized representative of a member
	Milina Shastri
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED

12 DEC 17 PM 4: 42

AND AHASSEE FLORIDAY