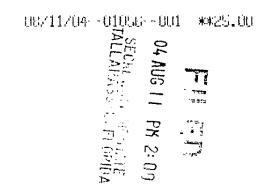
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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OFFICE USE ONLY(DOCUMENT#)	
LAZARUS CORPORATE FILING	SERVICE
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MIAMI, FLORIDA (305)552-5973	
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	OFFICE USE ONLY
CORPORATION NAME(S) & DOC	UMENT NUMBER(S) (if known):
PARE DICE PEN	
1. (77/6 / 2 () () () () () () () () () ((Document #)
2	
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4.	
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy.
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation ——	Limited Partnership
	Reinstatement
	Trademark
f	Other .

Examiner's Initials

CR2E031(9/92)

CERTIFICATE OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

- CARE Plus Center UC
(Present Name) (A Florida Limited Liability Company)
FLORIDE PLONIES TO PROPERTY OF THE PROPERTY OF
FIRST: The date of filing of the articles of organization was $9/4/04$.
SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:
Delete Tania McClain As MANIAger and
Registered Agenit.
Add Maria Julia NAPoles Asmanager.
1085 Westward Driver Miami Springs, FL 33166
New Principal and mailing Address 1085 westward Drive, Miami Spring
New Registered Agent Maria Julia Napoles. 1085 Westward Drive, Miami Springs, FL 33166
Dated $\frac{\partial 10/04}{\partial x}$, $\frac{\partial x}{\partial y}$.
- Civoles
Signature of a member or authorized representative of a member
Typed or printed name of signed

Filing Fee: \$52.50

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..

Registered Agent's Signature