

L04000069228

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DIVISION OF CORPORATIONS
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J. BRYAN

NOV 13 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE CARE ADVANTAGE, LLC
(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:

ALOYSIUS J. ABEL, JR.
(Name of Person)

TRUE CARE ADVANTAGE, LLC
(Firm/Company)

159 PARLIAMENT LOOP
(Address)

LAKE MARY FL 32744
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
08 NOV 12 PM 2:26

For further information concerning this matter, please call:

ALOYSIUS J. ABEL, JR.
(Name of Person)

at (800) 446 4633 X1946
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 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

SENIOR AMERICAN HEALTH SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF CIRCUIT COURT
JANUARY 12 PM 2:24
08 NOV 12

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 22, 2004 and assigned
Florida document number LO4000069228.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRUE CARE ADVANTAGE, LLC

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)

159 PARLIAMENT LOOP

LAKE MARY FL 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

159 PARLIAMENT LOOP

LAKE MARY FL 32746

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:

(Enter Florida street address)

Florida

(City)

(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 Changing Registered Agent, Signature of New Registered Agent)

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>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated NOVEMBER 11, 2008

Signature of a member or authorized representative of a member

ALOYSEUS J. ABEL, JR MGRM
Typed or printed name of signee

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DIVISION OF CORPORATIONS