LG4000078508

• •		
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE. FLORID

D. BRUCE
JUL 3 1 2008
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Westwo	od Home Providers	LLC	n
•	(Name of Lim	ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Peter A. Brown		
		(Name of Person)	
	4005 Ob Dia		TAK 8
	1225 Sharon Place		
		(Address)	08 JUL 30 SECRETAR TALLAHASS
	Winter Park, FL 32789		SSE P
		(City/State and Zip Code)	PH 3: 72
For further information co	oncerning this matter, please c	all·	081 081
	······, p······		DA T
Peter A. Brown		at (203) 535-6203	
(Name o	f Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Westwood Home Providers LLC		ny as it now appears on our	records)
(<u>, maio et the Emite</u>	A Florida Limited I	ny as it now appears on our Liability Company)	Tecordo,
The Articles of Organization for this Limited I	_iability Company	were filed on 10/28/2004	and assigned
Florida document number <u>L04000078508</u>			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company," the	designation "LLC" or the abbreviatio
Enter new principal offices address, if appli	cable:	1225 Sharon Place	
(Principal office address MUST BE A STRE	ET ADDRESS)	Winter Park, FL 32789	30
			m <u>e</u> m
Enter new mailing address, if applicable:		1225 Sharon Place	3: 27 FLORI
(Mailing address MAY BE A POST OFFICE BOX)		Winter Park, FL 32789	A
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the nev
Name of New Registered Agent:	Peter A. Brow	n	
New Registered Office Address:	1225 Sharon	Place	
		(Enter Flor	rida street address)
	Winter Park		, Florida <u>32789</u>
		(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 Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of A	<u>ction</u>
MGR	Michael Grady		■☐ Add ■② Remove	
MGRM_	Peter A. Brown		Add Remove	
MGRM	Mary Beth Dunn Brown		Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	08 JUL 30	
Dated July 14	, 2008	SSEE. FLORIDA	당 고	
-	Michael Grady	or authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00