

LOS000025807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

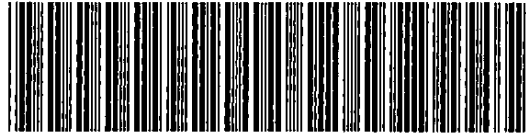
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000080563430

10/20/06--01031--010 \*\*35.00

FILED

2006 OCT 27 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LOS-25807  
AL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2006

SHARON MORINUIL  
P.O. BOX 223593  
WEST PALM BEACH, FL 33422

SUBJECT: OPEN ARMS, THE ELITE TEAM LLC  
Ref. Number: L05000025807

We have received your document for OPEN ARMS, THE ELITE TEAM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 206A00062843

2006 OCT 27 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Open Arms, The Elite Team LLC

DOCUMENT NUMBER: L05000025807

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\* SHARON MORINVIL  
(Name of Contact Person)

OPEN ARMS NURSING SERVICE LLC  
(Firm/ Company)  
\*MAILING  
Address: P.O. BOX 923593  
(Address)

West Palm Beach FL 33422  
(City/ State and Zip Code)

For further information concerning this matter, please call:

\* SHARON MORINVIL at (561) 478-1220  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee  
☐ \$43.75 Filing Fee & Certificate of Status  
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2006 OCT 27 PM 3:47  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Open ARMS, The Elite Team 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:

Sharon MORINVIL  
(Name of Person)

OPEN ARMS NURSING Services  
(Firm/Company)

P.O. BOX 223593  
(Address)

W. P. B. FL. 33422  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon MORINVIL at (561) 478-1220  
(Name of Person) (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)

*paid #1405*

**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

FILED  
2006 OCT 27 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

OPEN ARMS, The Elite Team LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 03-01-05 and assigned  
document number 205000025807

**SECOND:** This amendment is submitted to amend the following:

NAME Change of LLC

NEW NAME: OPEN ARMS NURSING Services LLC

2006 OCT 27 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated 10-27-06, \_\_\_\_\_

Sharon Morin  
Signature of a member or authorized representative of a member

SHARON MORINVIL  
Typed or printed name of signee