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(Re	equestor's Name)		
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJE	T: Ange/Care LLC (Name of Limited Liability Company)	
	(Name of Limited Liability Company)	
The end	sed Articles of Amendment and fee(s) are submitted for filing.	
Please r	urn all correspondence concerning this matter to the following:	
	Milagras Medina (Name of Person)	
	(Name of Person)	
	Angel Care UC (Firm/Company)	
	(Firm/Company)	
	P.O. Box 901231	
	P.O. Box 901231 (Address)	
	Homestead FC 33090 (City/State and Zip Code)	
	(City/State and Zip Code)	
For furt	r information concerning this matter, please call:	
	Milagros Medina at (305) 431-9777  (Mame of Person) (Area Code & Daytime Telephone Number)	
	(Area Code & Daytime Telephone Number)	
Enclosed	a check for the following amount:	
\$25.0	Filing Fee Sale Sale Sale Sale Sale Sale Sale Sa	

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

	Angel Care LLC		
	(Present Name) (A Florida Limited Liability Company)		
	·		
FIRST:	The Articles of Organization were filed on 11/28/2005 and assigned document number 405 000 1/37 08		
SECOND:	This amendment is submitted to amend the following:		
	michelle Block is usted as morem and		
(	this amendment is to change the above		
	mentioned individual to member, and	•	
	Milagros Medena whom is mor to mara	ind	
	manging member.	_ ,,,,,	
	The girly truering.	-	
/	The Area Davidson with construction of the	-	
	Litary turther inturnation is needed please confact Milagros Medina at (305)431-9777	-	므
	confact Milagnis Medina et (305)431-4777	07 SEP	SECI
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Dated	September 7, 2007	?: 25	ATIO:
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	m.h		
	Signature of a member or authorized representative of a member	•	
	milagras Medina MGR, RA	_	
	Typed or printed name of signee	•	