2060000a6375

(Re	questor's Name)	
f (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
		_
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Eiling Officer	
Special instructions to	Filling Officer.	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2013

BALDWIN STERLING 715 PINEWALK DRIVE BRANDON, FL 33510

SUBJECT: DERNION CARE LLC Ref. Number: L06000026375 2013 OCT -1 PM 1: 38

We have received your document for DERNION CARE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual orbusiness entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 213A00020994

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: DEPA	110N CARE LL Name of Limite	C		
	Name of Limite	ed Liability Company		
•				
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Baldwin S	torling		
		Name of Person		
		Firm/Company		
	715 Piver	Address FL 33517 City/State and Zip Code	2013 OCT -1 PM 1:	-
	4	Address		
	Brandon	FL 33510		[] **;
		City/State and Zip Code		,3
	Oct Storling E-mail address: It	OVER, 2311.10	on)	
For firsther information of	oncerning this matter, please ca		,	
,				
- Solderin	Starling	at (8/3) 966-545 Area Code & Daytime To	3	
Name of	Person	Area Code & Daytime To	elephone Number	
Enclosed is a check for th	e 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**

DERNION CARE	ELLC			
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)		_	
The Articles of Organization for this Limited Liabil	lity Company were filed on $\frac{3}{10}/2006$	and	assigned	d
Florida document number L 0 6 0 0 0 0 2 6	375.			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation "	LLC" or t	he abbre	viation
Enter new principal offices address, if applicable	e:	<u> </u>	300	Emagra
(Principal office address MUST BE A STREET A	DDRESS)	1 - # . <u>14 <u>#</u> -</u>	-	
		7 1 3 mm, 	-	<u> </u>
Enter new mailing address, if applicable:		,D		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		ਛੱ	
	 			
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, enter	the nam	e of the	e new
registered agent and/or the new registered office	address nere:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street add	iress		
_	, Florida	Zip C		····
New Registered Agent's Signature, if changing Regis	· ·	Zip C	oue	

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>	Name	Address	Type of Action
	Baldwin Property Hunt	506 LIMONA ROAD Brandon FL	
			Remove
Mern	Baldwin Storling		Add
			Remove
Marm	Debra Sterling		Add
			Remove
		7	Add J
			Remove
		· · · · · · · · · · · · · · · · · · ·	
			Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated_	August 30, 2013.
	August 30, 2013. Boldmin Starling
	Signature of a member or authorized representative of a member BALDWIN STERLING
	BALDWIN STERLING
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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