

**L06000038120**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
**2009 DEC -7 PM 3:35**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**C. LEWIS**

DEC 8 2009

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Geriatric Care Partners, 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:

Edward A. Allen  
Name of Person

A+O Investments, LLC  
Firm/Company

P.O. Box 2583  
Address

Lakeland / FL / 33806  
City/State and Zip Code

NA  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward A. Allen at (863)-559-0624  
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)

**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

FILED

2009 DEC -7 PM 2:35

Geriatric Care Partners, LLC  
(Name of the Limited Liability Company as it now appears on our records) TALLAHASSEE, FLORIDA  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/10/2006 and assigned  
Florida document number L06000038120

This amendment is submitted to amend the following:

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

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)

439 South FL Ave

Suite 300

Lakeland, FL 33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 2583

Lakeland, FL 33806

**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:

Edward A. Allen

New Registered Office Address:

439 S. FL Ave Ste 300

*Enter Florida street address*

Lakeland

, Florida 33801

*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.

Edward A. Allen

*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

Title	Name	Address	Type of Action
MGRM	A+D Investments, LLC	P.O. Box 2583 Lakeland, FL 33806	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR RA	Sherrill N Vogel	1117 Sandpiper Court Lakeland, FL 33813	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Effective date, - date of receipt

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2009 DEC -7 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 12/3, 2009

Ed Allen as CEO of A+D Investments, LLC as manager of  
Signature of a member or authorized representative of a member  
Edward A. Allen  
General Counsel

Typed or printed name of signee