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(Re	questor's Name))
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE PLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coastal Care 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:
Erica Chastain
(Name of Person)
Tilley & Callahan, P.A., CPA's
(Firm/Company)
4465 Baymeadows Rd. Ste. 3
(Address)
Jacksonville, FL 32257
(City/State and Zip Code)
For further information concerning this matter, please call: Erica Chastain (Name of Person) Area Code & Daytime Telephone Number)
Erica Chastain at 904 739-3948
(Name of Person) (Area Code & Daytime Telephone Number)
•
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of Status & Certificate Opy (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**

Coastal Care LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 11/22/06 adocument number L06000113045	nd assigned	
SECOND:	This amendment is submitted to amend the following:		
•	Change of Name: Changing name to		
	Angel's Care Givers, LLC	——————————————————————————————————————	
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Dated De	ecember 27th , 2006 .		
	Signature of a member or authorized representative of a memb	er	
	Sherri A Rickett		
	Typed or printed name of signee		