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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

AUG 1 0 2010

EXAMMER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL CARE	Ompassions LLC.	· -
	y Company as it now appears on Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on/_	2/2006 and assigned
Florida document number 6 06 000 /18 248.	8.	•
10 mm	· · ·	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Consmc CARE Staff	120	The state of the s
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	238 Tamin RESS) Venice 12	9m, TR 5
(Principal office address MUST BE A STREET ADDI	RESS) Venice Fa	2 34285 = Zu
· .		AL CR
•		G OF
Enter new mailing address, if applicable:		- 9
	**************************************	2 2
(Mailing address MAY BE A POST OFFICE BOX)		
) - (
		SNS
B. If amending the registered agent and/or regis		records, enter the name of the new
registered agent and/or the new registered office add	iress nere:	
	,	
Name of New Registered Agent:		
	and the second of the second o	
New Registered Office Address:	Enter F	Torida street address
		Florido
·	City	, Florida 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.

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 **Type of Action Title** <u>Name</u> Address Remove Add Remove Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) フーコユー 2010 Signature of a member or authorized representative of a member PETIOGRASSO ICTORIA .

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00