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EXAMINER



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DIVISION OF CONFORATION

COVER LETTER

	egistration Solivision of Col			
SUBJECT	_{r:} Happy	Hearts Care LLC		
			ited Liability Company)	
•				
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		Mark D Gomulka Sr		
			(Name of Person)	
		Happy Hearts Care LLC		
			(Firm/Company)	
		4909 Sunset Blvd		
			(Address)	
		Fort Pierce, Fl. 34982		
			(City/State and Zip Code)	
For further	information c	concerning this matter, please c	all:	•
Mark D G	omulka Sr		at (772) 318-8846	
(Name of Person)		of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is	s a check for t	ne following amount:		
2 \$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	O\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Happy Hearts Care LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on our records imited Liability Company)	<u>s.)</u>	
(annes znachny company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on January 08,2007	and ass	igned
Florida document number L07000002184	····•*		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
Treasure Coast Support Services LLC			
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," the designat	ion "LLC" or the a	bbreviatio
Enter new principal offices address, if applicable:	-	···r·	-
(Principal office address MUST BE A STREET ADDRI	ESS)	.0	Six
		<u> </u>	35
E-tours weller address if surlicable.		***	
Enter new mailing address, if applicable:		<u> </u>	200
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	27.7
		9	27
B. If amending the registered agent and/or registe	· -	iter the name o	f the nev
registered agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida stre	et address)	
	, Florid	~~~ 	
	(City)	(Zip Cod	le)

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 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

<u>itle</u>	<u>Name</u>	Address	Type of Action
•			Add Remove
			Add Remóve
.			Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
			<u> </u>
			_
Dated	/18/08 ,	·	

Page 2 of 2

Filing Fee: \$25.00