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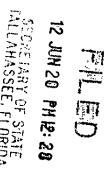
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D. BRUCE
JUN 21 2012
EXAMINER

COVER LETTER

TO:

то:	Registration S Division of Co		•				
SUBJECT: CARE-TECH HOME HEALTH SERVICES, L.L.C. Name of Limited Liability Company							
		f Amendment and fee(s) are su	· ·				
Please	return all corresp	condence concerning this matte	er to the following:				
			Ivette Chinigo		_		
			Name of Person				
	CARE-TECH HOME HEALTH SERVICES, L.L.C. Firm/Company				_		
		3650 N		ite 307			
	3650 N.W. 82nd Avenue, Suite 307 Address			-			
			Doral, Florida 33166		ALS:	12 J	**************************************
	City/State and Zip Code				JUN 20	1-1	
	ive0419@hotmail.com E-mail address: (to be used for future annual report notification)				3389		
For fur	rther information	concerning this matter, please	call:		F STAT	PM 12: 2	Ö
	·	n N. De Vera, Esq.	at (305) Area Code &	856-3100 Daytime Telephone Numb	er Drii	@	
		the following amount:					
□ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certific	liling Fee cate of St ed Copy onal copy	tatus &	
	Regis	LING ADDRESS: stration Section tion of Corporations	Registratio	COURIER ADDRESS: n Section Corporations			
P.O. Box 6327 Tallahassee, FL 32314			Clifton Bui				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARE-TECH HOME HEALTH SERVICES, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L		were filed on	ebruary 16, 2007	7 and assigne	d	
Florida document number L0700001	<u>7934 </u>					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liabi	ility company her	<u>re</u> :			
The new name must be distinguishable and end w. "L.L.C."	ith the words "Limit	ted Liability Compa	nny," the designation "	LLC" or the abbre	viation	
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STRE			- 			
				5 C) c	## CT \$	
				JN 2	الزور المعادد	
Enter new mailing address, if applicable:				A A A A A A		
(Mailing address MAY BE A POST OFFICE				<u></u>		
				<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter</u>	the name of th	e new	
Name of New Registered Agent:	Ivette Chinig	jo				
New Registered Office Address:	3650 N.W. 8	32nd Avenue, S	Suite 307			
——————————————————————————————————————		En	ter Florida street add	dress		
	Doral		, Florida	, Florida 33166		
	City			Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as register				_	. *	

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> <u>Name</u> **Address Type of Action MGRM** Ailyn Herrera 3650 N.W. 82nd Avenue, Suite 307 Add ✓ Remove Doral, Florida 33166 ☐ Add Remove Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

2012

June 13

Dated ___

Signature of a member or authorized representative of a member

Ivette Chinigo

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00