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EXAMINER



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COVER LETTER

TO: Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: Shores I	Health Care, LLC		n				
(Name of Limited Liability Company)							
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	Lourdes Arredondo						
		(Name of Person)					
SoBe Consulting Services LLC							
	(Firm/Company)						
	2895-A Collins Ave						
		(Address)					
	Miami Beach, FL 33140						
	1	(City/State and Zip Code)					
		_					
For further information co	ncerning this matter, please c	all:					
Lourdes Arredondo		at (786) 348-1167					
(Name of Person) (Area Code & Daytime Telephon			elephone Number)				
Enclosed is a check for the	e following amount:						
2 \$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)				
MAILI	NG ADDRESS:	STREET/COURIER	ADDRESS:				
Registration Section		Registration Section					
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building	ons				

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shores Health Care, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>03/21/2007</u>	and assigned	
Florida document number <u>I 07000030746</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the design	nation "LLC" or the abbrevi	iatior
Enter new principal offices address, if applicable:		<u>o</u> D <u>V</u>	<u>ဟ</u>
(Principal office address MUST BE A STREET ADDRESS)		9 35	T C
		3 5	
		ω	11.5 Lan
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·	PHI2: 01	
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	**************************************	· · · · · · · · · · · · · · · · · · ·	·
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the	new
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida s	treat addrags)	_
	(Enter Fioriaa si	reer adaress)	
		rida	
	(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.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Orlando Hernandez	7626 Byron Ave Miami Beach, FL 33141	Add Remove
MGR	Orlando V. Hendrick	8900 NE 1st Ave EL Portal, FL 33138	Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
	***************************************		Add Remove
D. If amendin	g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			-
Dated March 17	\cdot ω_{p} .		
_		or authorized representative of a member	
*******	Orlando Hernandez		
	1 vped o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00