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J. BRYAN

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EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Senior Referral Services, LLC (Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	DIVISION OF CO
Please return all correspondence concerning this matter to the following:	22
Learn DR Brian Bashara (Name of Person)	PH 3: 54
Serior Referral Services, LLC (Firm/Company)	11
10101 Dr. M.L.K. JR. St. N. PAZA S	suites #345
St Petersburg, Fl. 33714 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Brian Bashava at (813) 735-1057 (Name of Person) (Area Code & Daytime Telephone Number	;)
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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

<u>Jenior</u> Ret	erral Services, LLE
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lie	ability Company were filed on 07-20-2007 and assigned
Florida document number <u>L07-000</u>)76940 8 250
This amendment is submitted to amend the follo	WISION OF CORRESPONDED TO THE PROPERTY OF THE
A. If amending name, enter the new name of	the limited liability company here:
NIA	th the words "Limited Liability Company," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or the new registered off	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	(Enter Florida street address)
	(Enter Florida street address) St Petersburg, Florida 33716 (City) (Zip Code)
New Registered Agent's Signature, if changing R	egistered 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 f MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
<u>C00</u>	JAMES FENWICK	4175 East Bay DR Clearwater, FL 3376	✓ X Remove		
<u>COO</u>	Leann Bashara	10101 Dr. M.LKJRSt Plaza Swites#245 St Petersburg, Fr. 33	. N. Add Remove		
			AddRemove		
			Add Remove		
			Add Remove		
	-		AddRemove		
D. If an	Please make the and also the a 10101 Dr. MLK = Plaza Suite # 3 St Petersburg	7.45 ,Fl. 33714	SECRETARY OF STATE DIVISION OF CORPORATIONS		
	Abrian Bas	ember or authorized representative of a member OCC CEO yped or printed name of signce			

Page 2 of 2

Filing Fee: \$25.00