LD7000089480

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08 JUL -7 PH 12: 40
SECRETARY OF STATE
TALL AHASSEE FLORIDA

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: HCR H	oldings Services. L.I (Name of Lim	L.C, ited Liability Company)	
	Amendment and fee(s) are sub	-	
riease return air corresp	ondence concerning this matter	to the following:	
	Carolyn O. Conrad		
	***************************************	(Name of Person)	
		(Firm/Company)	
	219 Albert St.		
		(Address)	
	Winter Springs, FL 3270		
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
Harry L. Conrad		at (_407) 312-2047	
(Name of Person)		(Area Code & Daytime 1	Celephone Number)
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fce	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	JNG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 JUL -7 PH 12: 40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

HCR Holdings 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 Liabil	lity Company were filed on	8/30/2007	and assigned	
Florida document number L07000089480	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company	<u>here</u> :		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Co	ompany," the designati	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>en</u>	ter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
_	, Florid			
	(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, 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>	Name	Address	Type of Action		
MGRM	Rachel L. Conrad	219 Albert St. Winter Springs, FL 32708	Add Ren		
· ************************************			Ad-	d move	
	· · · · · · · · · · · · · · · · · · ·		Add	d move	
			Ad-	d move	
	**************************************		Add		
			Add		
D. If amendin		s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE	08 JUL -7 PM 12: 40	
_	, -	r authorized representative of a member			
_	Carolyn O. Conrad	r printed name of signee			
	i ypeu oi	primed lighte of signer			

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