

L08000050269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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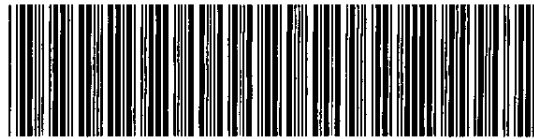
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W. C. G. OCT 20 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caring for Kids, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cinthia Lopez

(Name of Person)

Access Pointe Health Services, LLC.

(Firm/Company)

9050 Pines Blvd. Suite # 415

(Address)

Pembroke Pines, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Cinthia Lopez

(Name of Person)

at (954) 309-3344

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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)

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**

FILED

08 OCT 17 AM 10:40

Caring for Kids, LLC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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 Liability Company were filed on 5/20/2008 and assigned Florida document number 108000050269.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Access Pointe Health Services, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9050 Pines Blvd. Suite # 415

(Principal office address MUST BE A STREET ADDRESS)

Pembroke Pines, FL 33024

Enter new mailing address, if applicable:

9050 Pines Blvd. Suite # 415

(Mailing address MAY BE A POST OFFICE BOX)

Pembroke Pines, FL 33024

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

9050 Pines Blvd. Suite # 415

(Enter Florida street address)

Pembroke Pines

Florida

33024

(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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|--|--|
| MGRM | Marcene Watkis | 9050 Pines Blvd. Suite # 415 Pembroke Pines, FL 33024 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Stephanie Small, MD. | 9050 Pines Blvd. Suite # 415 Pembroke Pines, FL 33024 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Please include FEI # 26-2642891

Dated _____, _____.


Signature of a member or authorized representative of a member

Cinthia Lopez
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA